

Chapter 20 - Sample Forms

Each of these forms may be duplicated and used as necessary.

- Federal Tax Exemption Information Form
- Accident Report Form (for insurance coverage)
- Record of Club Visit (banner steal/retrieve/visit)
- Caller Confirmation Agreement (caller contract form)
- Order Form for Individual Dancer Activity +Badges and Bars
- Additional Insured Request Form
- MCASD Change of Information Form

Federal Income Tax Exemption Information

Authorization for inclusion
in Group Exemption

**Return at once to
MCASD President**

Date: _____

To whom it may concern:

We hereby authorize the Metropolitan Chicago Association of Square Dancers to include

(club name) _____

(address) _____

(city) _____ (state) _____ (zip code) _____

in the application for group exemption from Federal Income Tax being submitted on behalf of the member clubs of the Association.

(please check one) We have _____ have not _____ already applied for such exemption for our club. (If you have received exemption, please enclose a copy of the IRS letter).

__ 1. Our Employer Identification Number (EIN) is _____

__ 2. We do not have an Employer Identification Number, but we have enclosed a completed application for (SS-4).

Signed _____

Title _____

STATE COUNCIL OF ILLINOIS SQUARE DANCE ASSOCIATIONS

Accident Report Form

Please type or print neatly

Note: One must submit medical claims to their own health insurance carrier first and then, if necessary, complete this form to file a claim for any remaining unpaid expenses.

Indicate your Association/Federation:

Illinois Federation MCASD PASDA Quad Cities
B 'N' B RRADA NISDA Southwestern

Association/Federation contact

Name _____ Phone # _____

Street _____ City _____ State _____ Zip Code _____

Injured Person's name _____ Phone _____

Street _____

City _____ State _____ Zip Code _____

Injured Person's Home Club _____

Name and address of claimant's primary insurance carrier

Name _____

Address _____

Phone # () - _____ Policy # _____

ACCIDENT INFORMATION:

Club or Other Place where accident occurred: _____

Location: _____

DATE: _____

TIME: _____ Before Dance _____ During Dance _____ After Dance _____

Describe in full what occurred with this accident. If necessary use other side of this form.

Medical Attention:

Medical Facility or Hospital Name: _____ Phone # _____

Doctors Name _____ Phone # _____

Address _____

Send two (2) copies of report to the SCISDA Insurance Coordinator: Bill Neurauter

Enclose copies of any and all bills.

1604 S. Meyers Road
Lombard, IL 60148

(630) 495-1182

Email: willy2806-scisda@yahoo.com

Signature of person completing report

Rev. 08/01/2010

Metropolitan Chicago Association of Square Dancers

Record of Club Visit

Club Visited: _____ Date: _____

Following members of _____ Square Dance Club

STEAL ___ (Times tried: ___) (successful ___ unsuccessful ___) RETRIEVE ___ VISIT ___

1	6
2	7
3	8
4	9
5	0

Signature of Caller _____

Attested to and recorded by club banner chairman _____

Metropolitan Chicago Association of Square Dancers

Record of Club Visit

Club Visited: _____ Date: _____

Following members of _____ Square Dance Club

STEAL ___ (Times tried: ___) (successful ___ unsuccessful ___) RETRIEVE ___ VISIT ___

1	6
2	7
3	8
4	9
5	0

Signature of Caller _____

Attested to and recorded by club banner chairman _____

Caller Confirmation Agreement

Callers Name, Club Name, Street Address, Club Contact, City, State, Zip, Contact Street Address, Fee, Contact City, State, Zip

Special considerations (housing, mileage, airfare, publicity info, etc.)
Three alternate contacts & phone numbers:

Day & Date of Dance: Time: to Time Zone
Dance Location: Phone:

(map sketch included if necessary)

Please check the appropriate boxes

- 1. This dance is a: () Regular Club dance () Special Dance () Workshop
Other:
2. Dancer attendance is: () Open () Closed
3. The program is: () MS () Plus () A1 () A2 () C1 () C2 Other
4. Caller is responsible for round dance program: () Yes () No
5. Round dance program includes pre-rounds: () Yes () No Time:
6. Caller will () call entire program () share program with
7. Sound equipment will be furnished by () Caller () Club () Round Dance Leader
8. Refreshments are available: () Yes () No

Caller: Date BMI/ASCAP License:
Club: Date

Notes: In consideration of the caller's health and fatigue, and to insure greater quality calling, CALLERLAB recommends that callers not be scheduled for more than a maximum of seven (7) hours in any one day. A reminder to the caller two weeks in advance of event will be appreciated! This form is approved by CALLERLAB and is available through the CALLERLAB home office. Complete in duplicate, with one signed copy for the caller and one signed copy for the club.

METROPOLITAN CHICAGO ASSOCIATION OF SQUARE DANCERS

ORDER FORM FOR INDIVIDUAL DANCER ACTIVITY BADGES

AND CLUB FRIENDSHIP AWARDS

CLUB NAME: _____ DATE _____

List names of individuals eligible and total number of clubs visited. Mark the badge or bar column indicating what the dancer should receive.

NAME(S) OF INDIVIDUAL DANCERS	# OF CLUBS VISITED	BADGE(*)	BAR
	TOTALS		

(*) FIRST TIME AWARDS

Is your club eligible for the FRIENDSHIP AWARD? yes no # of clubs visited _____

Banner Chairman: Name _____

Address _____

City, ST Zip _____ Phone _____

Badges and bars are \$1.60 each. Make checks payable to "MCASD".

The record of club visit forms are to be retained one year by the club banner chairman for reference by the MCASD, if needed. Each club may submit a badge order form once during the year between September 1st and June 30th of the dance year. Badges are to be picked up at the General Meeting in September.

Mail this form along with your remittance to:

Carpenter, Donna 3310 Highland Drive, Island Lake, IL 60042

Due by July 15

State Council of Illinois Square Dance Associations

ADDITIONAL INSURED REQUEST

Additional Insured Request should be submitted only in those cases where the Facility Management asks specifically to be added to the policy.

Submit Additional Insured Request at the beginning of the dance season or as soon as you are aware of the need. Please Allow fifteen business days for processing.

Date: _____

Club Name: _____

For our Special Dance on:

(Date(s) must be current insurance year - Sept. 1 through Aug. 31)

Please add the following:
Additional Insured:

Name: _____ Phone: _____

Address: _____ Email: _____
_____ Street

_____ City _____ State _____ Zip

Association/Federation: B n B IFSRD MCASD NISDA PASDA Quad Cities RRADA
SWIAS

Insurance Contact:

Name: _____ Phone: _____

Address: _____ Email: _____
_____ Street

_____ City _____ State _____ Zip

Please send Original to the *Additional Insured* and a copy to Bill Neurauter.

Bill Neurauter
SCISDA Insurance Coordinator
1604 S Meyers Road
Lombard, IL 60148

630-495-1182 E-mail: willy2806-scisda@yahoo.com

MCASD Change of Information Form

Date: _____ Club: _____

President:

Name: _____
Address: _____
City, State, Zip _____
Phone# _____ email _____ @ _____

Delegate 1:

Name: _____
Address: _____
City, State, Zip _____
Phone# _____ email _____ @ _____

Delegate 2:

Name: _____
Address: _____
City, State, Zip _____
Phone# _____ email _____ @ _____

Dance Location:

Hall: _____
Address: _____
City, State, Zip _____

Special Dances:

Hall: _____
Address: _____
City, State, Zip _____

Send the changes to Ken Davies, 18158 Lawndale Ave., Homewood, IL. 60430
kendavies@hotmail.com , Bill Neurauter willy2806-mcasd@yahoo.com

MCASD PRINTING SERVICE

REASONABLE PRICES .COLOR OR BLACK & WHITE

BACK TO BACK PRINTING

We continue to print for clubs and save your club some money. You can send us your flyer via email using Microsoft Word Document or in a PDF file. If you wish to use snail mail, that is fine. We can scan your flyer for duplication. Checks made out to MCASD still have to be sent to us via snail mail.

If we run your flyer, we will also count them out for inclusion in the next General Meeting packets. 250 flyers are needed to supply the clubs, each club president, and MCASD Board members. If your club needs flyers for your own use, we will run those and bring them to the General Meeting or mail them to your club.

Costs are as follows: Black and White Printing .\$8.00 per 100 copies per side. Color Printing \$10.00 per 100 copies per side.

Ream of white paper \$.50 PER REAM or
\$2.50 PER HALF REAM

Mailing direct to you about \$8.00 per order

We will purchase paper of a specific color at an additional price if you request it.

Ken & Sue Davies
18158 Lawndale Ave
Homewood, IL 60430

EMAIL ADDRESS kendavies@hotmail.com, suedavies51@hotmail.com

Flyers must be IN OUR HANDS for processing two (2) weeks before the next General Meeting

We did the math for you

Black& White	Color
100-\$10.50	100-\$12.50
150-\$14.50	150-\$17.50
200-\$18.50	200-\$22.50
250-\$22.50	250-\$27.50
300-\$33.00	300-\$35.00

08/08/2014

REQUEST FOR PRINTING SERVICE FROM MCASD

DATE _____

CLUB NAME _____

NUMBER OF COPIES _____ PAPER COLOR _____

SINGLE SIDED _____ DOUBLE SIDED _____

COLOR INK _____ BLACK _____

\$8.00 PER 100 SHEET BLACK INK PLUS PAPER

\$10.00 PER 100 SHEET COLOR PLUS PAPER

WHITE PAPER \$5.00 REAM \$2.50 PER 1/2 REAM

COLOR PAPER WHAT EVER COST PER REAM IS

HAVE IT TO US 2 WEEKS BEFORE MEETING

E-COPYS WORK BEST FOR CLEARER AND BETTER COLOR

ANY QUESTIONS YOU CAN CALL 708-957-5535

E-MAIL TO suedavie51@hotmail.com

SNAIL MAIL SUE DAVIES
18158 LAWNSDALE AVE.
HOMWOOD, IL. 60430