

MCASD – Club Change of Information Form

Club Name: _____ **Date:** _____

President:

Name: _____ **Email:** _____ @ _____

Address: _____

City/St/Zip: _____ **Phone:** _____

Delegate 1:

Name: _____ **Email:** _____ @ _____

Address: _____

City/St/Zip: _____ **Phone:** _____

Delegate 2:

Name: _____ **Email:** _____ @ _____

Address: _____

City/St/Zip: _____ **Phone:** _____

Club Dance Night/Hours:

Select Day of week: _____ **Hours of Dance:** _____ **to** _____

Dance Weeks (check all that apply): 1 2 3 4 5

Dance type(s): SSD Mainstream Plus Advanced Challenge Rounds Lines

Dance Location:

Name of Venue: _____

Address: _____

City/St/Zip: _____

Do you offer lessons? Yes No

(If yes,) what level? SSD Mainstream Plus Advanced & up Round Line