

SCISDA 2025-2026 Membership & Liability Insurance Application

August 1, 2026 – July 31, 2027

We, the members of Club Name: _____ Incorporated: Yes No
Hereby apply for Liability Insurance coverage through the state Council of Illinois Square Dance Association's group policy.
We understand this is not Accident Insurance. (Refer to the outline of coverage.)

We belong to the following Affiliates:

Illinois Federation MCASD Quad Cities BnB

Dance Level: SSD Mainstream 26 Plus 26 Advanced Challenge

Regular Dance Schedule: (check appropriate answers) 1st 2nd 3rd 4th 5th

Mon Tue Wed Thu Fri Sat Sun

Dance Location: _____

Address, City, Zip _____

Emergency Phone #: _____ Website: _____

Club Membership

Total number of members: _____ How many are under 18? _____

Club President:

Name: _____

Address: _____

Phone: _____ Email: _____ @ _____

Alternate Club Contact:

Name: _____

Address: _____

Phone: _____ Email: _____ @ _____

Registered Agent: (Required by IRS)

Name: _____

Address: _____

Phone: _____ Email: _____ @ _____

Lessons: Yes No (If yes, complete below)

Day: _____ Start Date: _____ Time: _____ PM # Lessons: _____

Location: _____ Instructor: _____

Address: _____

Contact: _____ Phone Number: _____ Email: _____ @ _____