

SCISDA 2022-2023 Membership & Liability Insurance Application

August 1, 2022 - July 31, 2023

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 Affiliate's:

____ Illinois Federation

____ BnB's

____ IPCA

____ MCASD

____ Quad Cities

____ RRADA

Dance Level: ____ Mainstream ____ Plus ____ Advanced ____ Challenge

Regular Dance Schedule: circle the appropriate answer: 1st 2nd 3rd 4th 5th _
Mon Tues Weds Thurs Fri Sat Sun

Rounds @ _____ PM Squares @ _____ PM Line Dancing @ _____ PM

Dance Location _____

Address, City, Zip _____

Emergency Phone Number _____ Website: _____

of Couples _____ # of Singles _____ # of Youth _____ Club Membership Total _____

Club President:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Alternate Club Contact:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Registered Agent: (required by the IRS)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Lessons:

Day: _____ Date Starting: _____ Time: _____ # of Lessons _____

Location: _____ Instructor: _____

Address: _____

Contact: _____ Phone Number: _____ Email: _____