INSURANCE NOTICE

ANY ADDITION TO THE CLUB ROSTER AFTER THE INITIAL

ENROLLMENT FOR THE CURRENT YEAR \_     \_\_\_\_\_\_\_\_\_

WILL REQUIRE AN ENROLLMENT FEE PER DANCER.

ADDITIONAL ENROLLMENT

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| CLUB NAME |  | | | | |
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| COUNCIL/ASSOCIATION/FEDERATION | | |  | | |
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| PERIOD (Month& Year) | |  | | |  |
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| Name of Dancer | | | | Name of Dancer | |
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Number of Additions this Page \_\_\_\_\_\_\_\_\_\_\_

Send three (3) copies of this form to the Affiliate Insurance Chairman with Check