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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| Person Submitting Form |       | Email |       |
| Address |       | Phone |       |
| City |       | State |       | Zip |       |

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| COUNCIL/ASSOCIATION/FEDERATION |       |
|  |
| PERIOD (Month& Year) |       |  |
|  |
| 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