CLUB MEMBERS INSURED THROUGH A DIFFERENT CLUB

ENROLLMENT FOR THE YEAR       .

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| CLUB NAME | | |  | | | | | | | | | |
| Person Submitting Form | | | |  | | | | | Email |  | | |
| Address | |  | | | | | | Phone | |  | | |
| City |  | | | | State | | | |  | | Zip |  |
| COUNCIL/ASSOCIATION/FEDERATION | | | | | |  | | | | | | |
| Club members must be listed in alphabetical order one name per line. Club rosters will not be accepted. You must use this form. | | | | | | | | | | | | |
| Name of Dancer | | | | | | | Club / Association Insured Through | | | | | |
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Number of Club Members this Page \_\_\_\_     \_\_\_\_\_\_\_\_\_

Send 3 Copies of this form to Your Affiliate Insurance Chairman,