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,