CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

NOTIFICATION OF AN EVENT/GROUP TRAVEL

This form is to be used for notification of an event where no Certificate is required. If the facility requires a certificate or to be named as "Additional Named Insured," use Certificate Request form. There is no need to submit both forms.

ASSOCIATION:			
INSURANCE CHAIRMAN:			
CHAIRMAN'S ADDRESS:			
CITY:	STATE: CA	ZIP:	
TELEPHONE NUMBER: () -			
TYPE OF FUNCTION - CHECK ONE			
EXHIBITION	DANCE	CLUB DANC	E GROUP TRAVEL
CLUB NAME:			
CLUB ADDRESS:			
CITY:	STATE:	ZIP:	DATE OF FUNCTION:
FACILITY BEING USED:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
GROUP TRAVEL INFORMATION			
Complete this section only if you are using commercial transportation.			
DATE OF TRIP:		DEPAR	TURE TIME:
DEPARTING FROM (CITY/STATE):			
DESTINATION (CITY/STATE):			
NUMBER OF MILES (ONE WAY):			
COMMERCIAL CARRIER (*required):			