

**CALIFORNIA SQUARE DANCE COUNCIL  
FEDERATION OR ASSOCIATION CLUB LISTING – Year \_\_\_\_\_**

**FROM:**

Insurance Chairman:

Mailing Address:

City, State, & Zip:

Telephone:

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Club Name:

Mailing Address:

City, State, & Zip:

Number of Members:

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**Facility #1** Being Used:

Street Address:

City, State, & Zip:

Name of Additional Insured:

Street Address:

City, State, & Zip:

ENDORSEMENT REQUIRED

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**Facility #2** Being Used:

Street Address:

City, State, & Zip:

Name of Additional Insured:

Street Address:

City, State, & Zip:

ENDORSEMENT REQUIRED

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**Facility #3** Being Used:

Street Address:

City, State, & Zip:

Name of Additional Insured:

Street Address:

City, State, & Zip:

ENDORSEMENT REQUIRED

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