

# SCISDA 2020-2021 Membership & Liability Insurance Application

August 1, 2020 - July 31, 2021

We, the members of Club Name: \_\_\_\_\_ Incorporated: \_\_\_\_ Yes \_\_\_\_ No

Hereby apply for Liability Insurance coverage through the State Council of Illinois Square Dance Association's group Policy. We understand this is not Accident Insurance. (Refer to the outline of coverage.)

## We belong to the following Affiliate's:

\_\_\_\_ Illinois Federation      \_\_\_\_ BnB's      \_\_\_\_ IPCA      \_\_\_\_ MCASD  
\_\_\_\_ NISDA      \_\_\_\_ Quad Cities      \_\_\_\_ RRADA

**Dance Level:** \_\_\_\_ Mainstream \_\_\_\_ Plus \_\_\_\_ Advanced \_\_\_\_ Challenge

**Regular Dance Schedule:** circle the appropriate answer: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> \_  
Mon Tues Weds Thurs Fri Sat Sun

Rounds @ \_\_\_\_\_ PM Squares @ \_\_\_\_\_ PM Line Dancing @ \_\_\_\_\_ PM

Dance Location \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Website: \_\_\_\_\_

# of Couples \_\_\_\_\_ # of Singles \_\_\_\_\_ # of Youth \_\_\_\_\_ Club Membership Total \_\_\_\_\_

## Club President:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Alternate Club Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Registered Agent: (required by the IRS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Lessons:

Day: \_\_\_\_\_ Date Starting: \_\_\_\_\_ Time: \_\_\_\_\_ # of Lessons \_\_\_\_\_

Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_