

To: U.S.D.A. National Insurance Coordinator
P.O. Box 22
Tucker, GA30085-0022

NEBRASKA STATE SQUARE & ROUND DANCE ASSOCIATION

Date

FEDERATION OR ASSOCIATION CLUB LISTING

From	Name of Federation							
	Name of Association							
	Name of Insurance Chairman							
	Address of Insurance Chairman		City		State		Zip	
	Phone Number		E-Mail					

Club Name					
Mailing Address					
City		ST		Zip	
Number of Members					

1. Facility Being Used					
Street Address					
City		ST		Zip	
Date(s) of Function					
Name as Additional Insured					
Street Address					
City		ST		Zip	

2. Facility Being Used					
Street Address					
City		ST		Zip	
Date(s) of Function					
Name as Additional Insured					
Street Address					
City		ST		Zip	

3. Facility Being Used					
Street Address					
City		ST		Zip	
Date(s) of Function					
Name as Additional Insured					
Street Address					
City		ST		Zip	

4. Facility Being Used					
Street Address					
City		ST		Zip	
Date(s) of Function					
Name as Additional Insured					
Street Address					
City		ST		Zip	

IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN DUPLICATE TO YOUR INSURANCE CHAIRMAN

Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman