

When, Where, Why &
How It Happened
Club Accident Report

State: California

Association/Federation: Northern California Square Dancers Association

Club: _____

Date of Accident: _____

Club Officer: _____

Telephone #: _____

Location of Accident: _____

Was the accident reported to the facility where the accident occurred YES NO

Name of Injured Person: _____

Address: _____

Member of _____ Club _____

Nature of Injury: _____

Description of Accident -----

When & Where was treatment given -----

Name & Address of Witness: -----

1) _____

2) _____

3) _____

Signed: _____

Telephone#: _____

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN Accident AND SEND TO:
Nancy Shelton - Nancy.Shelton4@comcast.net and to President@ncsda.com