

California Council of Square Dancers, Inc.
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: NORTHERN CALIFORNIA SQUARE DANCERS ASSOCIATION

INSURANCE CHAIRMAN: **Peter Krag**

CHAIRMAN'S ADDRESS: **PO Box 23972**

CITY: **Pleasant Hill**, STATE: **CA** ZIP: **94523**

TELEPHONE NUMBER: 415-752-8717

TYPE OF FUNCTION - CHECK ONE

EXHIBITION DANCE

CLUB DANCE

GROUP TRAVEL

CLUB NAME: _____

USDA # _____

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: _____ DEPARTURE TIME: _____

DEPARTING FROM (CITY/STATE): _____

DESTINATION (CITY/STATE): _____

NUMBER OF MILES (ONE WAY): _____

COMMERCIAL CARRIER (*required): _____