

TO: U.S.D.A. National Insurance Coordinator  
P. O. Box 22  
Tucker, GA 30085-0022

DATE:

California Council of Square Dancers, Inc.  
FEDERATION OR ASSOCIATION CLUB LISTING

FROM: NORTHERN CALIFORNIA  
SQUARE DANCERS ASSOCIATION  
Insurance Chairman: Insurance Chairman  
Mailing Address: PO Box 23972  
City, State, & Zip: Pleasant Hill, CA 94523

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Members: \_\_\_\_\_

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Facility Being Used: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Additional Insured: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENDORSEMENT REQUIRED ?

**CG 20 26 04 13**

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Any special wording required for your certificate?