

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 #1** Being Used: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Additional Insured: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
☐ ENDORSEMENT REQUIRED?

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**Facility #2** Being Used: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Name of Additional Insured: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
☐ ENDORSEMENT REQUIRED?

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**Facility #3** Being Used: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Additional Insured: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
☐ ENDORSEMENT REQUIRED?

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