

# CLUB ROSTER

## ENROLLMENT FOR THE YEAR

<b>CLUB NAME</b>	
ASSOCIATION/FEDERATION: <b>California Council of Square Dancers, Inc.</b>	
<b>Council / Federation: Northern California Square Dance Association</b>	
<b>Last Name, First Name (alpha order)</b>	
1.	22.
2.	23.
3.	24.
4.	25.
5.	26.
6.	27.
7.	28.
8.	29.
9.	30.
10.	31.
11.	32.
12.	33.
13.	34.
14.	35.
15.	36.
16.	37.
17.	38.
18.	39.
19.	40.
20.	41.
21.	42.

In accordance with the long-established requirements of the USDA Insurance program and our insurance underwriters – All members of the club must participate in the United Square Dancers of America Insurance Program for the club to be covered under the liability policy.  
 Please acknowledge compliance with this requirement by signing and returning this form:

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of Club Members this Page** \_\_\_\_\_

**Send Form and Check to Federation/Association Insurance Chairman**