INSURANCE NOTICE

CLUB SPONSORED CLASS

Additional Enrollment

Council: **California Council of Square Dancers, Inc.**

Federation/Association: Northern California Square Dance Association

Club Name: _____ USDA # _____

Class: Beginning Date: _____ Ending Date: _____

	Last Name	First Name		Last Name	First Name
1.	_____	_____	26.	_____	_____
2.	_____	_____	27.	_____	_____
3.	_____	_____	28.	_____	_____
4.	_____	_____	29.	_____	_____
5.	_____	_____	30.	_____	_____
6.	_____	_____	31.	_____	_____
7.	_____	_____	32.	_____	_____
8.	_____	_____	33.	_____	_____
9.	_____	_____	34.	_____	_____
10.	_____	_____	35.	_____	_____
11.	_____	_____	36.	_____	_____
12.	_____	_____	37.	_____	_____
13.	_____	_____	38.	_____	_____
14.	_____	_____	39.	_____	_____
15.	_____	_____	40.	_____	_____
16.	_____	_____	41.	_____	_____
17.	_____	_____	42.	_____	_____
18.	_____	_____	43.	_____	_____
19.	_____	_____	44.	_____	_____
20.	_____	_____	45.	_____	_____
21.	_____	_____	46.	_____	_____
22.	_____	_____	47.	_____	_____
23.	_____	_____	48.	_____	_____
24.	_____	_____	49.	_____	_____
25.	_____	_____	50.	_____	_____