



Northern California Square Dancers Association  
Club Insurance Contact Information



We would like each club to complete this form and return it to the Association Insurance Chairman as soon as possible. This information will only be used for insurance or membership questions. If the insurance or membership contacts change, please submit a new form to the Association Chairman. This form is also available on the association's website [www.ncsda.com](http://www.ncsda.com). Thank you for your help.

Please type or print clearly.

**CLUB:**

**DATE:**

\_\_\_\_\_

**CLUB ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DELEGATE'S NAME:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE #**

**FAX #**

**EMAIL**

**CLUB'S INSURANCE REPRESENTATIVE:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE #**

**FAX #**

**EMAIL:**

Please return this form to the NCSDA Insurance Chairman

Peggy Rose and Ethlyn "Babe" Sandau  
PO Box 1117  
Brentwood, CA 94513

(925) 240-1117  
fax (925) 240-1782

[ncsdainsurance@sbcglobal.net](mailto:ncsdainsurance@sbcglobal.net)