

AKRON AREA SQUARE & ROUND DANCE FEDERATION

INSURANCE: \$4.95 (subject to change) per club member due by October 30 each year to Insurance Coordinator.

Please provide the following information:

CLUB NAME _____

President: Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Vice President: Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Secretary: Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Treasurer: Name _____ Phone _____ Cell _____

Address _____ email _____

Sity,Statge _____ Zip Code _____

Club Caller: Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Club Cuer: Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Federation Representative:

Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Federation Representative:

Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Alternate Fed Rep:

Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Alternate Fed Rep:

Name _____ Phone _____ Cell _____

Address _____ email _____

City,State _____ Zip Code _____

Membership Year: _____ Current date _____

Square Dance Club: Yes () No () Teaching club: Yes () No ()

Round Dance Club: Yes () No ()

Month that officers are installed _____ Banner Raids Permitted: Yes () No ()

Guests permitted: Yes () No () Open Club: Yes () No ()

Dance Year: From _____ to _____ Dues: \$ _____

Dance nights: _____ Time: From _____ to _____

Square Dance level: _____ Round Dance level: _____

Number of members _____ Number to insure _____