

**Associated Square Dancers  
Insurance Form for Activities**

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Place of Activity: \_\_\_\_\_

Address: \_\_\_\_\_

Time of Demo, Exhibition or Activity: \_\_\_\_\_

**Bus Trips**

Place of Departure: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Time of Departure: \_\_\_\_\_

Destination & Club: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Time of Arrival: \_\_\_\_\_

Estimated Time of Return: \_\_\_\_\_

Stops Along the Way — Where: \_\_\_\_\_

Bus Carrier or Line: \_\_\_\_\_

(Must be a Public Carrier or Line, NOT a private van)

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Mail to:**

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