



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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