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| To: U.S.D.A. National Insurance Coordinator  P.O. Box 22 Tucker, GA30085-0022 |  |  |
|  |  |
|  | Date |       |
|  | **FEDERATION OR ASSOCIATION CLUB LISTING** |  |
|  |
| From | Name of Federation | Square Dance Federation of Minnesota |
| Name of Association |       |
| Name of Insurance Chairman | Erica Friedman |
| Address of Insurance Chairman | 1859 Turquoise Trail | City | Eagan | State | MN | Zip | 55122 |
| Phone Number | 651-353-1234 | E-Mail | memberservices@squaredanceminnesota.com |
|  |
|  | Club Name |       | Numbers of Members |       |
| Mailing Address |       |
| City |       | ST |       | Zip |       |
| Club Contact Info: | Phone |       | Email |       |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |
| 1. | Facility Being Used |       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| Date(s) of Function |       |
| Name as Additional Insured |  |
|       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |
| 2. | Facility Being Used |       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| Date(s) of Function |       |
| Name as Additional Insured |  |
|       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |
| 3. | Facility Being Used |       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| Date(s) of Function |       |
| Name as Additional Insured |  |
|       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |
| 4. | Facility Being Used |       |
| Street Address |       |
| City |       | ST |       | Zip |       |
| Date(s) of Function |       |
| Name as Additional Insured |  |
|       |
| Street Address |       |
| City |       | ST |       | Zip |       |
|  |
| **IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN TRIPLICATE TO YOUR INSURANCE CHAIRMAN** |
| Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman |

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