EVENT NOTIFICATION AND GROUP TRAVEL FORM

**NOTIFICATION OF AN EVENT**

This form is used for notification of an event where no Certificate of Insurance is required by the facility.   **If a certificate of insurance is not issued for a facility, there is no liability coverage for the facility being used.**  If the facility requires a Certificate of Insurance or to be named as "Additional Insured", use the "Request for Certificate" form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FEDERATION/ASSOCIATION | | | Square Dance Federation of Minnesota | | | | |
| INSURANCE CHAIRMAN: | | | Erica Friedman | | | | |
| CHAIRMAN'S ADDRESS: | | | 1859 Turquoise Trail | | | | |
| CITY: | Eagan | | | STATE | MN | ZIP: | 55122 |
| TELEPHONE NUMBER: | | 651-353-1234 | | | | | |
| Email: | | memberservices@squaredanceminnesota.com | | | | | |

*TYPE OF FUNCTION - CHECK ONE*

EXHIBITION DANCE  CLUB DANCE  CLUB LESSONS  GROUP TRAVEL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CLUB NAME: |  | | | | | |
| CLUB ADDRESS: |  | | | | | |
| CITY: |  | | STATE: |  | ZIP: |  |
| DATE OF FUNCTION: | |  | | | | |
| FACILITY BEING USED: | |  | | | | |
| STREET ADDRESS: | |  | | | | |
| CITY: |  | | STATE: |  | ZIP: |  |

**GROUP TRAVEL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE OF TRIP: |  | | DEPARTURE TIME: |  |
| DEPARTING FROM (CITY/STATE): | |  | | |
| DESTINATION (CITY/STATE): | |  | | |
| NUMBER OF MILES (ONE WAY - Min 25 Miles) | |  | | |
| CARRIER:  ADDRESS:  PHONE:  (MUST BE COMMERCIAL, CERTIFIED, AND INSURED) | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Person Submitting This Form** | | | |  | | |
| **Date** |  | **Phone** |  | | **Email** |  |

MAIL TO: Your Federation / Association Insurance Chairman