To: U.S.D.A. National Insurance Coordinator P.O. Box 22	NEBRASKA STATE SQUARE & ROUND DANCE ASSOCIATION				
Tucker, GA30085-0022				Б.	_
		N OD A GGO GLATIO	N. CT TID T ICEN	Date	
	FEDERATIO	N OR ASSOCIATIO	N CLUB LISTIN	NG	
From Name of Federation					
Name of Association					
Name of Insurance Chairman					
Address of Insurance Chairman		City		State	Zip
Phone Number	E-Mail	City		State	
I none i tumber	L Wan				
Club Name					
Mailing Address					
City	ST		Zip		
Number of Members	•				
************	*****	*******	*******	*****	*******
Facility Being Used					
Street Address					
City	ST		Zip		
Date(s) of Function	51		Zip		
Name as Additional Insured					
Ivanic as Additional Insured					
Street Address					
	ST		Zip		
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2. Facility Being Used					
Street Address					
City	ST		Zip		
Date(s) of Function	51		ZiP		
Name as Additional Insured					
Traine as Fractional Insured					
Street Address					
City	ST		Zip		
**************		******	1	*****	******
3. Facility Being Used					
Street Address					
City	ST		Zip		
Date(s) of Function	<u>'</u>		1 1	1	
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		
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IMPORTANT - PLEASE PRINT OR TY	PE - SEND TI	HIS FORM IN DUPL	ICATE TO YOU	R INSURANC	E CHAIRMAN
Print Four (4) Copies of this Form – 1-	for Club, 1- Af	ffiliate Insurance Chair	rman, and $2 - \text{for } 1$	USDA Insuranc	e Chairman