

**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					
INSURANCE CHAIRMAN:					
CHAIRMAN'S ADDRESS:					
CITY:		STATE		ZIP:	
TELEPHONE NUMBER:					

*TYPE OF FUNCTION - CHECK ONE*

EXHIBITION DANCE       CLUB DANCE       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)

<b>Person Submitting This Form</b>			
<b>Date</b>		<b>Phone</b>	
		<b>Email</b>	

MAIL TO:      Your Federation / Association Insurance Chairman