

MIAMI VALLEY DANCE COUNCIL

LIABILITY INSURANCE ENROLLMENT FORM

The following information is needed for enrollment and must be submitted each year. Give information as it applies at the time of completion of the form.

Club Name _____

Number of Individual Members _____

Number of members belonging to other Miami Valley Dance Council clubs. Do not give names of other clubs or club members; just indicate the number of members belonging to each additional club.

	Number of Members Belonging to
1 additional club	_____
2 additional clubs	_____
3 additional clubs	_____
4 additional clubs	_____
5 additional clubs	_____

Signed _____ Date Submitted _____

Office _____

Submit this form with payment of \$75 to the Treasurer at Council Meeting
(Checks payable to: Miami Valley Dance Council)

OR

Mail to: Joan Hurley, 5046 Stoneridge Dr., Springfield, OH 45503-5717

PAYMENT DEADLINE:

NO LATER THAN THE JANUARY 16, 2024 COUNCIL MEETING