

**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 \$85 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 14, 2025 COUNCIL MEETING**