

Club Accident Report

Who, What, Where, When, How & Why It Happened

Association/Federation: Miami Valley Dance Council Other: _____

Club: _____ Date & Time of Accident: _____

Club Officer/Contact: _____ Telephone: _____

Location of Accident: Michael Solomon Pavilion Other: _____

Was the accident reported to the facility where the accident occurred? Yes _____ No _____

Name of Injured Person: _____

Address: _____

Telephone: _____

Member of Club: _____

Description of Accident/Injury: _____

Was Treatment Given? By Whom & Telephone: _____

Name & Telephone of Witnesses: _____

Signed & Dated: _____