

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 _____

Signed _____ Date Submitted _____

Office _____

Submit this form with payment of **\$90.00** 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:

JANUARY 12, 2027 COUNCIL MEETING