

NOTIFICATION OF SPECIAL EVENT

NOTE: This form is for use when an Insurance Certificate is not required.
REMEMBER: Only dance activities are covered by this insurance.
(Please print in ball point pen.)

Date of request _____ (allow 30 days for processing)

This form is to be used for notification of a special event when no insurance certificate is required. If the facility requires a certificate or needs to be named as "Additional Named Insured," use the "Request for Insurance Certificate" Form D.

Type of Function - Check one

_____ Exhibition Dance _____ Club Dance _____ Festival

Club Name _____

Club Address _____

City _____ State _____ Zip _____

Date of Function _____

Facility Being Used _____

Facility Address _____

City _____ State _____ Zip _____

GROUP TRAVEL INFORMATION (if applicable)

Date of trip _____ Departure Time _____

Departing from (City/State) _____

Destination (Country/City/State) _____

Number of Miles (one way) _____

Carrier _____

(Carrier must be Commercial, Certified, and Insured)

Signature (club representative making request)

_____ Date _____

Name of club representative (**print**) _____

Address _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

e-mail _____

For information contact Julith Neff, Insurance Chair, (562) 867-4495, insurance@SoCalFolkdance.org.

Send this completed form to:

Julith Neff, Insurance Chair
Folk Dance Federation of California, South, Inc.
P.O. Box 4008, Bellflower, CA 90707