

REQUEST FOR CERTIFICATE FOR SPECIAL DANCE

LOCATION OF EVENT _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

NAME(S) OF ADDITIONAL INSURED _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

LIST OF ALL BUILDINGS USED _____

DATE(S) AND TIME OF EVENT _____

TYPE OF EVENT _____

Requested by Federation/Organization **Square Dance Federation of Minnesota, Inc.** Date _____

Requested by Club _____

Person making request _____

Street Address _____

City/State/Zip Code _____

Phone _____ E-mail _____

MAIL COMPLETED FORM TO:

**Insurance Chair
Wanda Ochocki
506 Southview Drive
Marshall, MN 56258-2223**