Date:

INSURANCE NOTICE

— Club Sponsored Class —

Club Name _____

Federation/Association **Square Dance Federation of Minnesota, Inc.**

Class Beginning Date _____ (MM/DD/YY) Ending Date _____ (MM/DD/YY)

Day(s) of the Week _____

Facility _____

Street Address _____

City, State Zip _____

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Name of Dancer **Name of Dancer**