

When, Where, Why & How It Happened

Club Accident Report

State Minnesota

Association/Federation Square Dance Federation of Minnesota, Inc.

Club _____ Date of Accident _____

Club Officer _____ Telephone _____

Location of Accident _____

Name of Injured Person _____

Address _____

Member of _____ Club

Nature of Injury _____

Description of Accident _____

When & Where was treatment given _____

Name & Address of Witness:

1. _____

2. _____

3. _____

Signed _____

Telephone _____

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:

Federation Insurance Chair

UPON RECEIPT OF THIS ACCIDENT REPORT, A CLAIM FORM WILL BE MAILED TO THE CLUB.