

Date:

NOTIFICATION OF EVENT

This form is to be used for notification of an event, when NO CERTIFICATE is required.

ASSOCIATION: **Square Dance Federation of Minnesota, Inc.**

INSURANCE CHAIRMAN: **Wanda Ochocki**

CHAIRMAN'S ADDRESS: **506 Southview Drive**

CITY/STATE/ZIPCODE: **Marshall, MN 56258-2223**

TYPE OF FUNCTION – CHECK ONE

Club Dance Lessons Exhibition

Club Name: _____

Club Contact: _____

Address: _____

City: _____

Date of Function: _____

Facility being used: _____

Street Address: _____

City/State/ZipCode: _____

GROUP TRAVEL INFORMATION

Date of Trip: _____ **Departure Time:** _____

Departing from (City / State) _____

Destination (City / State) _____

Number of miles (one way – Min 25 Miles) _____

Carrier: _____

(MUST BE COMMERCIAL, CERTIFIED, AND INSURED)

MAIL COMPLETED FORM TO:

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