Submit by Email | Print Form

# CLUB ROSTER

## ENROLLMENT FOR THE YEAR 2019

| CLUB NAME | |
|---|---|
| **Federation/Association** | **Florida Federation of Square Dancers, Inc.**<br>**Northeast Florida Square & Round Dancers Association** |

| Name of Dancer | Name of Dancer |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

In accordance with the long established requirements of the USDA Insurance program and our insurance underwriters – All members of the club must participate in the United Square Dancers of America Insurance Program for the club to be covered under the liability policy.
Please acknowledge compliance with this requirement by signing and returning this form:

**Signature:** _____ **Title:** _____ **Date:** ____

**Number of Club Members this Page** _____