

# EVENT NOTIFICATION AND GROUP TRAVEL FORM

## NOTIFICATION OF AN EVENT

This form is used for notification of an event where no Certificate of Insurance is required by the facility. **If a certificate of insurance is not issued for a facility, there is no liability coverage for the facility being used.** If the facility requires a Certificate of Insurance or to be named as "Additional Insured", use the "Request for Certificate" form.

FEDERATION/ASSOCIATION		Heart of America Federation of Square Dance Clubs			
INSURANCE CHAIRMAN:		Brenda Colvin			
CHAIRMAN'S ADDRESS:		9350 W 79th Street			
CITY:	Overland Park	STATE	KS	ZIP:	66204
TELEPHONE NUMBER:		913-302-1810			
Email:		HOAFSSquareDance.corrsec@gmail.com			

*TYPE OF FUNCTION - CHECK ONE*

☐ EXHIBITION DANCE     
 ☐ CLUB DANCE     
 ☐ CLUB LESSONS     
 ☐ GROUP TRAVEL

CLUB NAME:					
CLUB ADDRESS:					
CITY:		STATE:		ZIP:	
DATE OF FUNCTION:					
FACILITY BEING USED:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

### GROUP TRAVEL INFORMATION:

Must be completed when group is traveling by commercial carrier.

DATE OF TRIP:		DEPARTURE TIME:	
DEPARTING FROM (CITY/STATE):			
DESTINATION (CITY/STATE):			
NUMBER OF MILES (ONE WAY - Min 25 Miles)			
CARRIER:			
ADDRESS:			
PHONE:			
(MUST BE COMMERCIAL, CERTIFIED, AND INSURED)			

<b>Person Submitting This Form</b>			
<b>Date</b>		<b>Phone</b>	
		<b>Email</b>	

Mail or email to:      Your Federation / Association Insurance Chairman