HEART OF AMERICA FEDERATION
STATEMENT OF OPERATION – CLUB INFORMATION

- Complete annually. Submit to the HOAF Corresponding Secretary by October 1st. Include payment for USDA Insurance for each club member unless they pay through another club or Federation.
- Complete whenever any of this information is changed (e.g., Club Officers, Caller/Cuer, dance location, etc.), and submit it to the HOAF Corresponding Secretary.

Date:	☐ Annual Report ☐ Interim Update	Caller run club: ☐ No ☐ Yes

Club Name:	**USDA Insurance thru:**
# Club Members: (Attach full list with Annual Report)	☐ HOAF ($6 ea.) ☐ Other
Types of Club Members:	☐ Partners ☐ Single ☐ Youth (under 18) ☐ Youth w/Sponsor

Dance Location:	
Address:	
City:	
State:	ZIP Code:
Levels of Square Dance:	☐ Mainstream ☐ Plus ☐ Advanced ☐ Challenge
Other Dancing:	☐ Lines ☐ Rounds

Club Officers		
President:	Name(s):	
	Phone:	e-Mail:
Vice President:	Name(s):	
	Phone:	e-Mail:
Treasurer:	Name(s):	
	Phone:	e-Mail:
Secretary:	Name(s):	
	Phone:	e-Mail:
Other:	Position:	
	Name(s):	
	Phone:	e-Mail:

Insurance Contact:	Name(s):	
	Phone:	e-Mail:
Delegate:	Name(s):	
	Phone:	e-Mail:
Alternate Delegate:	Name(s):	
	Phone:	e-Mail:
Chatter Editor:		
Ad Editor:		
Club Caller(s)*:		
Club Cuer(s)*:		

Club e-Mail:	**Club Website:**

*NOTE: For the protection of the club, Callers and/or Cuers should be BMI/ASCAP licensed.