To: U.S.D.A. National Insurance Coord	linator		
P.O. Box 417			
Stephens, GA 30667			Date
	FEDERATI	ON OR ASSOCIATION CLUB I	ISTING
	Heart of America I	Federation of Square Dance Club	os
Name of Association			
	Joyce Schemmer		
Address of Insurance Chairman 3		City Odessa	State MO Zip 64076
Phone Number 816-254-7270	0 E-Mai	il fedcorsec2016@gmail.com	
CL L M			27 1 625 1
Club Name			Numbers of Members
Mailing Address	ST	7'	
City Club Contact Info: Phone	51	Zip	
**************************************	******	Email ***********	***********
1. Facility Being Used			
Street Address			
City	ST	Zip	
Date(s) of Function	51	Zīp	
Name as Additional Insured			
Name as Maditional Insured			
Street Address			
City	ST	Zip	
J		1	**********
2. Facility Being Used			
Street Address			
City	ST	Zip	
Date(s) of Function	1 1		<u> </u>
Name as Additional Insured			
Street Address			
City	ST	Zip	
	******	**********	***********
3. Facility Being Used			
Street Address			
City	ST	Zip	
Date(s) of Function			
Name as Additional Insured			
C44 A 11			
Street Address	CT	7.	
City ************************************	ST	Zip	**********
4. Facility Being Used			
Street Address			
City	ST	Zip	
Date(s) of Function	51	Zip	
Name as Additional Insured			
Traine as Fragitional Historica			
Street Address			
City	ST	Zip	
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IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN TRIPLICATE TO YOUR INSURANCE CHAIRMAN			
Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman			