

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:		Joyce Schemmer			
CHAIRMAN'S ADDRESS:		303 High Dr			
CITY:	Odessa	STATE	MO	ZIP:	64076-1530
TELEPHONE NUMBER:		816-254-7270			
Email:		fedcorsec2016@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

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)

Person Submitting This Form			
Date		Phone	
		Email	

MAIL TO: Your Federation / Association Insurance Chairman