INSURANCE NOTICE

ANY ADDITION TO THE CLUB ROSTER AFTER THE INITIAL ENROLLMENT FOR THE CURRENT YEAR WILL REQUIRE AN ENROLLMENT FEE PER DANCER.

ADDITIONAL ENROLLMENT

CLUB NAME		USDA#
COUNCIL/ASSC	CIATION/FEDERATION	
PERIOD (Month	& Year)	
Name of Dancer		Name of Dancer

Number of Additions this Page _____

Make check (\$4.85 per member) payable to: Susan Wolford (Please note in the subject line of your check that it is for insurance premium) Send one copy along with payment to:

Susan Wolford, ASARDA Insurance Chairman 6000 Wyeth Rock Rd, Guntersville AL 35976-5025