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.

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| --- | --- |
| FEDERATION/ASSOCIATION |  Square Dance Federation of Minnesoat |
| INSURANCE CHAIRMAN: | Doug Brodeen |
| CHAIRMAN'S ADDRESS: | 10440 Osage St NW |
| CITY: | Coon Rapids | STATE | MN | ZIP: | 554 |
| TELEPHONE NUMBER: | (763) 300-6251 |
| Email: | memberservices@squaredanceminnesota,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) |

|  |  |
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| **Person Submitting This Form** |       |
| **Date** |       | **Phone** |       | **Email** |       |

MAIL TO: Your Federation / Association Insurance Chairman