

WASCA Clubs Membership Renewal and Insurance Information

CLUB NAME: CLUB ID NUMBER:

NUMBER OF MEMBERS: (Leave blank if new to WASCA)

DANCE VENUE (LOCATION):

STREET: CITY, ST, ZIP:

CLUB DANCE PROGRAM:

Squares: B MS PL Adv Ch Clogging Contra Lines
 Rounds: Ph I Ph II Ph III Ph IV Ph V Ph VI
 Other (specify):

DAYS(S) DANCED: Su M Tu We Th F Sa Wknd

WEEKS DANCED: 1 2 3 4 5 Various, HOURS: TO

WHICH MONTHS? Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May

CLUB CLASSES:

Squares: B MS PL Adv Ch Clogging Contra Lines
 Rounds: Ph I Ph II Ph III Ph IV Ph V Ph VI
 Other (specify): None

CLASS SCHEDULE DAY(s): Su M Tu We Th F Sa Wknd

HOURS: TO WHICH WEEKS? 1 2 3 4 5 Various

CLASS BEGINNING DATE(s):

CLASS LOCATION: Same as Club Other (Specify):

CALLER'S NAME: CUER'S NAME:

INSTRUCTOR'S NAME:

BANNER CODE: A (Surprise) B (Participate) C (Call First) E (Not Participating)

TYPE OF CLUB: Caller/Cuer/Instructor Run (operated) Member Run (dancer operated)

(For Club Info): EMAIL ADDRESS(s):

INFO. PHONE#:

CLUB WEB PAGE ADDRESS:

MANAGER'S NAME (Who runs club?):

TITLE: STREET:

CITY, ST ZIP: PHONE:

EMAIL:

DELEGATE: **Required** (Must not be paid caller/cuer/instructor or their spouse)

NAME:

STREET: CITY, ST ZIP:

PHONE: EMAIL:

ALTERNATE DELEGATE: (Optionl)

NAME:

STREET: CITY, ST ZIP:

PHONE: EMAIL:

Form Submitted by: Title: Date:

Submit form with \$25.00 check made out to WASCA before June 1 to:

Nancy & Tom Stafford, WASCA Membership Directors
7731 Virginia Lane, Falls Church, VA 22043