

WASCA Clubs Membership Application 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): _____

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

WEEKS DANCED: 1 2 3 4 5 Various HOURS: _____ TO _____ am pm

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

CLUB'S 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 _____ am pm 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 Nbr. _____

CLUB WEB PAGE ADDRESS: _____

MANAGER'S NAME (Who runs club?): _____

TITLE: _____ STREET: _____

CITY, ST ZIP _____ PHONE Nbr: _____

EMAIL: _____

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

NAME: _____

STREET: _____ CITY, ST. ZIP _____

PHONE Nbr: _____ EMAIL: _____

ALTERNATE DELEGATE: (Optional)

NAME: _____

STREET: _____ CITY, ST. ZIP _____

PHONE Nbr: _____ EMAIL: _____

Form Submitted by: _____ Title: _____ Date: _____

Submit form with \$20.00 Dues (check made payable to WASCA) before June 1 to:

Nancy & Tom Stafford, WASCA Membership Directors

7731 Virginia Lane, Falls Church, VA 22043