

WASCA

WASHINGTON AREA SQUARE DANCERS COOPERATIVE ASSOCIATION

(WASCA Clubs Membership Application and Insurance Information) Date Due: June 1 _____

***NAME OF CLUB:** _____
 CLUB ID NUMBER: _____
 NUMBER OF MEMBERS: _____
 LOCATION: _____
 STREET: _____
 CITY, STATE ZIP _____

CHECK CLUB TYPE:
 SQUARE ROUND
 SQUARE & ROUND
 CLOGGING CONTRA
 COUNTRY-WESTERN OTHER

DANCE LEVEL(s)
 SQUARES B MS PI Adv Ch
 (Levels)
 ROUNDS I II III IV V VI
 (Phases)

DAY(s) DANCED
 Su M Tu W Th F Sa Wknd

WEEKS 1 2 3 4 5

 Every Various

HOURS: _____ to _____ AM
 _____ to _____ PM

Months Danced: _____

Banner Code: A B C E

 A = Surprise B = Participate
 C = Call First
 E = Not participating now

(For Calls 'n' Cues Centerfold Info)
INFORMATION PHONE # _____
E-MAIL ADDRESS: _____

(For WASCA website links)
 CLUB WEB PAGE LOCATION:
<http://> _____

Management Type of Club:
 Caller/Cuer/Instructor Run (operated)
 Member Run (dancer operated)
MANAGER'S NAME (Who runs club?):

 TITLE: _____
 STREET: _____
 CITY: _____
 STATE: DC DE MD VA WVA
 ZIP: _____
 PHONE NO: _____
 FAX NO: _____
 E-mail: _____

DELEGATE'S NAME: *Required Item*

 STREET: _____
 CITY: _____
 STATE: _____ ZIP: _____
 PHONE NO: _____
 FAX NO: _____
 E-mail: _____

ALTERNATE DELEGATE'S NAME :

 STREET: _____
 CITY: _____
 STATE: _____ ZIP: _____
 PHONE NO: _____
 FAX NO: _____
 E-mail: _____

CALLER'S NAME: _____
CUER'S NAME: _____
INSTRUCTOR'S NAME: _____

Submitted by: _____
TITLE: _____
DATE: _____

\$20.00 Dues ENCLOSED
MAIL TO:
 WASCA Membership Director
 Nancy & Tom Stafford
 7731 Virginia Lane
 Falls Church, VA 22043