

WASCA

WASHINGTON AREA SQUARE DANCERS COOPERATIVE ASSOCIATION

WASCA Clubs Membership Application and Insurance Information

Date Due: Annually by June 1

NAME OF CLUB: _____

CLUB ID NUMBER: _____

(Leave Club ID Number Blank for New Club)

NUMBER OF MEMBERS: _____

LOCATION: _____

STREET: _____

CITY, STATE ZIP _____

CHECK CLUB TYPE:

- SQUARE ROUND
 SQUARE & ROUND
 CLOGGING CONTRA
 COUNTRY-WESTERN OTHER

DANCE LEVEL(s)

- SQUARES (Levels)
 B MS Pl Adv Ch
 ROUNDS (Phases)
 I II III IV V VI

DAY(s) DANCED:

- Su M Tu W Th F Sa Wknd

WEEKS

- 1 2 3 4 5 Various

HOURS: _____ to _____ AM

_____ to _____ PM

MONTHS DANCED:

- Jun Jul Aug Sep Oct Nov
 Dec Jan Feb Mar Apr May

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 (s) for Info. Contact: _____

(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: _____

E-mail: _____

DELEGATE'S NAME: *Required Item*

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NO: _____

E-mail: _____

ALTERNATE DELEGATE'S NAME :

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NO: _____

E-mail: _____

CALLER'S NAME: _____

CUER'S NAME: _____

INSTRUCTOR'S NAME: _____

Submitted by: _____

TITLE: _____

DATE: _____

Submit form with \$20.00 Dues

Make Check Payable to WASCA

MAIL TO:

WASCA Membership Directors

Nancy & Tom Stafford

7731 Virginia Lane

Falls Church, VA 22043