

# Notification of Special Event

This form is to be used for notification of a special event when no insurance certificate is required. If the facility requires a certificate or needs to be named as "Additional Named Insured," use Form D (Request for Insurance Certificate).

**REMEMBER: Only dance activities are covered by this insurance.**

**Request date:** \_\_\_\_\_ (allow 30 days for processing)

## Club info

Club name \_\_\_\_\_  
Your name \_\_\_\_\_  
Email \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

## Event info

Event type (check one):  Exhibition dance  Club dance  Festival  
Event date \_\_\_\_\_  
Facility name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

## Group travel info (if applicable)

Note: Carrier must be commercial, certified, and insured.  
Date of trip \_\_\_\_\_ Departure time: \_\_\_\_\_  
Departing from (city, state) \_\_\_\_\_  
Destination (city, state, country) \_\_\_\_\_  
Number of miles (one way) \_\_\_\_\_  
Carrier \_\_\_\_\_

## Your signature

**X** \_\_\_\_\_  
Signature of club officer Date

**Send the completed form to**  
**Julith Neff, Insurance Chair**  
**16910 Judy Way**  
**Cerritos, CA 90703**

For information, contact  
Julith Neff, Insurance Chair  
562-881-9504  
insurance@SoCalFolkdance.org