

Folk Dance Federation of California, South, Inc.  
**NOTIFICATION OF SPECIAL EVENT**

**NOTE: This form is for use when an Insurance Certificate is not required.**  
**REMEMBER: Only dance activities are covered by this insurance.**  
(Please print in ball point pen.)

Date of request \_\_\_\_\_ (allow 30 days for processing)

This form is to be used for notification of a special event when no insurance certificate is required. **If a certificate of insurance is not issued for a facility, there is no liability coverage for the facility being used.** If the facility requires a certificate or needs to be named as "Additional Named Insured," use the "Request for Insurance Certificate" Form D.

Type of Function - Check one  
\_\_\_\_ Exhibition Dance    \_\_\_\_ Club Dance    \_\_\_\_ Festival

Club Name \_\_\_\_\_

Regular Meeting Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Function \_\_\_\_\_

Facility Being Used \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GROUP TRAVEL INFORMATION** (if applicable)

Date of trip \_\_\_\_\_ Departure Time \_\_\_\_\_

Departing from (City/State) \_\_\_\_\_

Destination (Country/City/State) \_\_\_\_\_

Number of Miles (one way) \_\_\_\_\_

Carrier \_\_\_\_\_

**(Carrier must be Commercial, Certified, and Insured)**

**Signature** (club representative making request) \_\_\_\_\_ Date \_\_\_\_\_

Name of club representative (**print**) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ FAX (        ) \_\_\_\_\_

e-mail \_\_\_\_\_

For information contact Julith Neff, Insurance Chair, (562) 867-4495, [insurance@SoCalFolkdance.org](mailto:insurance@SoCalFolkdance.org).

Send this completed form to:

**Julith Neff, Insurance Chair**  
**Folk Dance Federation of California, South, Inc.**  
**P.O. Box 4008, Bellflower, CA 90707**