Folk Dance Federation of California, South, Inc.

## Club Information

Club name:						
Website (if any):						
Club Contact and Delegate Info						
Club Contact:  This person receives Federation renewal packages, ballots, minutes, etc.	Name: Email: Phone: Address: City, State, Zip					
Club Delegate:  (Yes, you can leave the contact info blank if it's the same as above)	Name: Email: Phone: Address: City, State, Zip					
Alternate Delegate (if any):	Name: Email: Phone: Address: City, State, Zip					
Send our insurance certificate to:	Name: Email:					
Club Meeting Info						
Day:		Time:		Cost: \$		
Level: ☐ Beginning ☐ Intermediate ☐ Children ok ☐ Senior only	<ul><li>□ Advanced</li><li>□ Live music</li></ul>	☐ Singing				
Type: □ Open □ Closed □ Exhibition						
Type of dancing:						
Location:			Phone:			
Address: City, State, Zip						
Contact person:	Phone/email:					
Teacher or leader:	Phone/en	nail:				
Other info (if any):						

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Folk Dance Federation of California, South, Inc.

## Club Information (continued)

Club name:						
Additional Meeting (for multi-night club	s)					
Day:	Time:		Cost: \$			
Level: ☐ Beginning ☐ Intermediate ☐ Advanced ☐ Children ok ☐ Senior only ☐ Live music	□ Singing					
Type: □ Open □ Closed □ Exhibition						
Type of dancing:						
Location:		Phone:				
Address:						
City, State, Zip						
Contact person: Phone	/email:					
Teacher or leader: Phone	/email:					
Other info (if any):						
Additional Meeting (for multi-night clubs)						
Day:	•		Cost: \$			
Level:   Beginning   Intermediate   Advanced   Children ok   Senior only   Live music						
Type: □ Open □ Closed □ Exhibition						
Type of dancing:						
Location:		Phone:				
Address:						
City, State, Zip						
Contact person: Phone	/email:					
Teacher or leader: Phone	Phone/email:					
Other info (if any):						

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