

CLUB ACCIDENT REPORT

(PLEASE PRINT)

CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM

ASSOCIATION / FEDERATION: **Santa Clara Valley Square Dancers Association**

CLUB: _____ DATE OF ACCIDENT: _____

CLUB OFFICER: _____ TELEPHONE: (____) _____ - _____

LOCATION OF ACCIDENT: _____

NAME OF PERSON INJURED: _____

ADDRESS: _____

TELEPHONE: (____) _____ - _____

CLUB/ASSOCIATION: _____

NATURE OF INJURY: _____

DESCRIPTION OF ACCIDENT: _____

WHEN & WHERE WAS TREATMENT GIVEN: _____

NAME & ADDRESS OF WITNESS:

1. _____

2. _____

3. _____

SIGNED: _____

TELEPHONE: (____) _____ - _____

FAX: (____) _____ - _____

E-MAIL: _____

PLEASE COMPLETE FORM WITHIN 72 HOURS OF AN ACCIDENT AND SEND TO:

Donna Bookbinder
SCVSDA Insurance Chair
donnab0@earthlink.net
((650) 494-1589