

CLUB ACCIDENT REPORT

(PLEASE PRINT)

CALIFORNIA SQUARE DANCE COUNCIL INSURANCE PROGRAM
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ASSOCIATION / FEDERATION _____

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:

Betsy Lasarow-Tozzi
SCVSDA Insurance Chair
betsyli@gmail.com
408-540-4022