

National Square Dance Campers Assoc., Inc.
P. O. Box 241
Butler, WI 53007-9998



Request for Proof of Insurance Certificate

Number & Name of Chapter or Group requesting Proof of Insurance/Named Insured:

Proof of Insurance (no charge)

Dates of Event: _____ Event Name: _____

Location of Event: (include complete physical address): _____

Name, Address and Phone Number of event sponsor: (Proof of Insurance will be sent to this address.)

Mail to:

Diana L. Scarupa
Account Manager
Lawley Vivacqua Scheff LLC
501 John James Audubon Parkway Suite 302
Amherst NY 14228