

# *Dance Promoters Association*

## *Application Form for Event Insurance*

Photocopies are acceptable

<b>Promoters Full Name</b>		<b>This form must be completed and returned to:-</b>  <b>DPA Secretary</b>  <u><b>dpasecretary@gmail.com</b></u>	<b>Office use:</b>
<b>Full Address</b>			<b>Date received:</b>
<b>Telephone No</b>			
<b>Mobile No</b>			
<b>E-mail Address</b>			

**Please list events below that require insurance cover**

Date of Event	Venue	Venue Address	Event Details i.e. Style etc

**Please make sure all DPA membership fees are up to date. Late payment could invalidate your insurance cover.**