

Special Events Form

SEND THIS COMPLETED FORM TO: Dance Listing Editor
See The ROUNDUP for current address
TO BE RECEIVED BY THE 20TH OF THE MONTH TWO MONTHS BEFORE THE EVENT

A special event MUST meet at least one of the following criteria to qualify:
Circle the appropriate number below:

1. State or regional federation function
2. ROUNDUP Subscription dance
3. Event sponsored by a state federation-affiliated square dance caller/round dance cuer organization.
4. Benefit dance (fund raiser for a worthy cause)
5. Free promotional dance (street dance, county fair, etc.)

ROUNDUP ISSUE _____ CLUB NAME _____

PLEASE TYPE OR PRINT LEGIBLY!

Circle the appropriate items below:

Region	CE	CW	NE	NW	SE	SW						
Day of Week	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.					
Week(s) of Month	1	2	3	4	5	EVERY						
Dance Level	ND	MS	PLUS	A1	A2	C1	C2	RD	C/W	FOLK	CLOGGING	

Fill in the appropriate information below:

Date of Dance: _____

Facility: _____

City/State: _____

Address: _____

Directions: _____

Round Dance Cuer: _____ Time: _____

Square Dance Caller: _____ Time: _____

Lunch Details: _____

Contact Info: _____

FOR ROUNDUP USE ONLY

Submitted by (use address label, if possible) Date Sent: _____

Name _____

Street Address _____

City/State/Zip _____

Phone Number including Area Code _____

Email Address _____