

INCIDENT REPORT

Form must be completed in full and sent to the HSRDC insurance director as soon as possible after the injury.

1. Date accident/injury occurred _____
 2. Club where accident/injury occurred _____
 3. Name of injured dancer _____
 4. Nature of injury _____
 5. Describe how the injury occurred _____
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6. Contact info (phone, address, etc) of the injured person _____

Please send the information within a few days after the incident so we will have the record on file if anything further has to be addressed.

Please send to:

Charles & Twyla Woody, HSRDC Insurance Director
woody@okwoody.com
6714 Chicoma St
Spring, Tx 77379
281-580-4412 home
832-443-4412 cell