



TEXAS STATE FEDERATION OF SQUARE AND ROUND DANCERS

P. O. Box 2176, Midland, TX 79702-2176

REQUEST FOR CERTIFICATE OF LIABILITY

To: Betty Shelton
TSFSRD Insurance Director
Address: P O BOX 824
Gonzales, TX 78629-0824
Home Number: 830-857-5143
Email: Betty@spiritfi.com

From: Name: Charles L. Woody
(District Insurance Director) Address: 6714 Chicoma St
City, St Zip: Spring, X 77379
E Mail: woody@okwoody.com
Phone: 281-580-4412
Fax (if available):

Date of Request:

Description:

Club or District Name:
(Name of Club or District requesting COI)

Activity:
(Type of Activity – ie: Festival, Exhibition, Club
Dance, Anniversary Dance, etc.)

**Date or Time Period
of Activity:**

Location of Activity:

Certificate Holder:

Name:
(Facility Requesting COI)

Address:
(Complete Location and
Mailing Address of Facility)

Contact:
(Facilitator, Manager, or Owner:
Telephone, Fax & Email)

Send Certificate to:

Facility Name:
(Complete mailing address,
Fax, and/or Email)

District Insurance Director: Charles L. Woody
(Complete mailing address, Fax, and/or Email) woody@okwoody.com

Club President:
(Complete mailing address,
Fax, and/or Email)

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