



ASSOCIATION OF SURF ANGLING CLUBS

INSURANCE REMITTANCE FORM

Date: _____

Host Club Name: _____

Number of teams attending your tournament _____ x \$7.00 per team = \$ _____

Number of individuals attending your tournament _____ x \$3.00 ea. = \$ _____

Add both totals for team and individual and this is your insurance bill to ASAC

Total insurance bill = \$ _____

All insurance checks should be sent to the ASAC Treasurer as listed below no later than seven days following your tournament

ASAC Treasurer Arlene Perkowski
 1314 Vardon Circle
 Brigantine, NJ 08203

Please note that insurance for individuals above does not include those on teams. Insurance is for those individuals that take part in individual competition if the host club has a dual format of team and individual competition.