

BOWS & BEAUS SQUARE DANCE CLUB  
ROSTER CHANGE FORM

**Please Print Clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

New Address: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

\_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Give completed form to  
**Membership Coordinator**

or mail to  
**Bows & Beaus Square Dance Club**  
**Attn: Membership Coordinator**  
**P. O. BOX 1107**  
**MOUNTAIN VIEW, CA 94042**