

**OHIO DANCE MASTERS  
CREDIT VOUCHER**

**INJURIES, DEATH OR OTHER**

TEACHER OF RECORD PLEASE COMPLETE THE FOLLOWING INFORMATION  
AND RETURN OR MAIL TO:

NOREEN RHODE  
1543 LACLEDE ROAD  
SOUTH EUCLID, OH 44121

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

PURPOSE FOR REQUEST: \_\_\_\_\_

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IN THE EVENT OF INJURY, PLEASE SUBMIT A DOCTOR'S NOTE.

TEACHER OF RECORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALL VOUCHERS WILL BE ISSUED AND MAILED/GIVEN TO TEACHER OF  
RECORD. ALL VOUCHERS MUST BE SUBMITTED WITHIN 30 DAYS FROM  
CONVENTION/COMPETITION.