

SUN CITY DANCE COMPANY

NOTIFICATION OF MEDICAL LEAVE OF ABSENCE

This form is to be completed by the Sun City Dance Company member requesting to be on a Leave of Absence for medical reasons (member or member's immediate family) and mailed to the Treasurer, Lori McKeogh, who will advise the Board, Director and Teacher(s).

Mail to the Treasurer: Lori McKeogh, 2837 Bluffpoint Drive, Las Vegas, NV89134 or email the information to: **lorimckeogh@gmail.com**

I agree that while on medical leave I am not eligible to be on the floor of **all** Sun City Dance Company classes.

This form is to confirm that I (the undersigned), a member in good standing with the Sun City Dance Company, will be on a Medical Leave of Absence status:

From: _____
(Month and year)

To: _____
(Month and year; **max 6 months**)

Reason:

Name (please print):

Class: _____ Teacher(s): _____

Assoc # _____ Phone # _____

Signature: _____

If you require an extension of the period stated above, another form must be sent to the Sun City Dance Company. You may be asked for clarification and/or additional information regarding this request.