



Mail/Fax/Email to: Great Lakes Region Registration Office
8021 S Kilbourn, Chicago, IL 60652
Phone: 773-767-8579 Fax: 773-498-4934 Smithglrvb@gmail.com

Liability Insurance Certificate Request Form

NAME OF TEAM/CLUB: _____

Has the Club Address Changed since last season? Yes ___ No ___

TEAM REP MAILING INFO:

Team Rep Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: ___ / ___ - ___ Fax: ___ / ___ - ___

Email: _____

FACILITY INFO or Certificate Holder Information

Site or Holder Name: _____

Attention of: _____

Site or Holder Address: _____

_____ City _____ State _____ Zip

Site Phone: ___ / ___ - ___ (required)

Reason for Certificate: ___ Practice, ___ Tournament, ___ Building Owner, ___ Sponsor,

___ Other- Explain: _____

SIGNATURE OF TEAM REP: _____

YOU MUST check one of the below boxes or FORM WILL BE RETURNED.

<input type="checkbox"/>	<p>Specific Insurance Certificate is requested naming above site.</p>
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<input type="checkbox"/>	<p>A Generic Insurance Certificate is requested naming USAV.</p>
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Please use a separate form for each site!!!