



WASUSA CERTIFICATE OF INSURANCE REQUEST

Today's Date: _____

Club Name: _____

Club Address: _____ City: _____ State: ____ Zip: ____

Club Director/Certificate Holder: _____

Name of Event/Activity: _____

Location of Event/Activity: _____

Location Address: _____ City: _____ State: ____ Zip: ____

Potential No of Participants: Athletes: _____ Staff: _____ Volunteers: _____

Is overnight coverage requested? YES NO

(overnight coverage is required for camps and other events where 24 hr. coverage is mandatory)

Please list the sport(s) included at the event.

- | | |
|---------------------------|------------------------|
| Archery | Quad Rugby |
| Athletics (Track & Field) | Road Racing |
| Basketball | Shooting |
| Boccia | Swimming |
| Fencing | Table Tennis |
| Handcycling | Water Skiing |
| Powerlifting | Other (please specify) |
| Power Soccer | _____ |

Indicate any entities you want listed as an additional insured.

What is the relationship with the additional insured (check all that apply)?

1. Owner/Manager/Lessor of Premises (all are facilities)
2. Sponsor
3. Other: Specify _____

Please e-mail certificate to:

Email Address: _____

Attention of: _____

Telephone No.: _____

Date Certificate is Needed: _____

Event/Activity Date: _____ Day(s): _____ Inclusive Times: _____

Comments or Special Requests:

Payments made online or by check are non-refundable and will be considered a donation. If a completed Certificate of Insurance (COI) request form is not received within a reasonable time prior to the event, an additional late fee may be imposed