



SCVA Facility Use Insurance Request 2018/2019

To ensure valid insurance certificates, please complete all Club and Facility Information accurately.

Club Information:

Club Name _____ Director _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Facility Information:

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____

Note: Insurance does not renew until September 1, 2018. Any special requirements for facility certificates, if actually possible, will take additional time to process.