



# SCVA Facility Use Insurance Request 2019/2020

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, 2019. Any special requirements for facility certificates, if actually possible, will take additional time to process.*