

COMPLETE FORM AND
FAX BACK TO: 312-226-0722

CERTIFICATE OF INSURANCE REQUEST
(Print or Type only, do not abbreviate)

STATE ASSOCIATION: Illinois State Soccer Association

LEAGUE: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

TEAM: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY NAME: _____

United States Amateur Soccer Association
9152 Kent Ave, Suite C-50, Lawrence, IN 46216
Tel: 317-541-8564 Fax: 317-541-8568