



CERTIFICATE OF INSURANCE REQUEST

(PRINT OR TYPE, ONLY. DO NOT USE ABBREVIATIONS)

LEAGUE: WOMEN'S PREMIER SOCCER LEAGUE

ADDRESS: 4041 AMERICAN RIVER DRIVE
SACRAMENTO, CA 95864

TELEPHONE: (800) 854-0913 FAX: (800) 854-0913

TEAM: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

ATTENTION: _____

FACILITY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

ATTENTION: _____

FILING INSTRUCTIONS:

1. Print legibly or type. Except for state, street, avenue etc., do not abbreviate.
2. Scan and email to WPSL Associate Commissioner
rsparling@buxmonttorch.com
3. Questions call 215-795-9751. Leave a message including team name.