

CERTIFICATE OF INSURANCE REQUEST

(Print or type only, do not abbreviate)

LEAGUE: WOMEN'S PREMIER SOCCER LEAGUE

ADDRESS: 4041 American River Dr.
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: _____
