

**CERTIFICATE OF INSURANCE REQUEST
NEW ENGLAND REGION
ALL REQUESTS BY JUNIORS CLUBS MUST BE EMAILED TO THE ROXANN LINK
ALL OTHER REQUESTS GO TO THE REGIONAL COMMISSIONER**

REGION: _____ NEED BY DATE: _____
CLUB NAME: _____
ADDRESS: _____ CONTACT NAME: _____
City/State/Zip _____ PHONE #: (____) _____
E-MAIL: _____
AUTHORIZED SIGNATURE: _____ DATE: _____

CERTIFICATE HOLDER #1 (please be exact)

1) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED _____ YES _____ NO
City/State/Zip: _____
EMAIL: _____

REASON FOR CERTIFICATE: _____ Building Owner _____ Sponsor _____ Tournament
_____ Other – Describe: _____

Special Instructions: _____

If needed - CERTIFICATE HOLDER #2 (please be exact)

1) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED _____ YES _____ NO
City/State/Zip: _____
EMAIL: _____

REASON FOR CERTIFICATE: _____ Building Owner _____ Sponsor _____ Tournament
_____ Other – Describe: _____

Special Instructions: _____