



Alberta Soccer Association

Governing Body of Soccer in the Province of Alberta

9023 – 111 Avenue

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www.albertasoccer.com

CERTIFICATE OF INSURANCE REQUEST FORM

Instructions:

CLUB: Please complete all sections of this form and forward it to your District for Approval. **DISTRICT:** Approve Club request, then email completed form to Rachel Appels, operations@albertasoccer.com with cc to Richard Adams, execdir@albertasoccer.com
ASA: Forward form to Marsh. Once approved, email back to club with cc to District

NOTE: Certificate of Insurance can be requested for any location within Canada or the United States.

Requesting Club/Organization Information

Club/Organization Name: _____

Club/Organization Contact Person _____

Position with Club/Organization: _____

Email Address: _____

District/Tier/Division: _____

Third Party/Certificate Information

Name: _____

Address: _____ City: _____

Province/State: _____ Postal Code/Zip: _____ Country: _____

Reason for Certificate of Insurance

Event Start Date: _____ Event End Date: _____

*Event Type: On Field Off Field

Description of event: (e.g. indoor/outdoor field time, registration booths, banquets/awards evenings, etc.)

*If your event is on field, and in the province of Alberta, start date and end date can be based on indoor/outdoor season timelines.

