

# **CERTIFICATE OF INSURANCE REQUEST FORM**

(Print or Type only, do not abbreviate)

Please complete and email to [nschmitt@usasa.com](mailto:nschmitt@usasa.com) or fax to  
(708)496-6879

STATE ASSOCIATION: ILLINOIS STATE SOCCER ASSOCIATION

LEAGUE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MANAGER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FACILITY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

## United States Amateur Soccer Association

Call 708-496-6870 or email [nschmitt@usasa.com](mailto:nschmitt@usasa.com) with any questions regarding this form.