

## **CERTIFICATE OF INSURANCE REQUEST**

Print or type only, do not abbreviate

**State Association:** Eastern New York State Amateur Soccer Association

**League:** CNYSSL

**Address:** 251 Sanger Ave City Waterville State NY Zip 13480

**Phone:** 315-841-8563

**Attn:** Jim Price Email: jim.price@kraft.com

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Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Attention \_\_\_\_\_

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Facility Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Attention \_\_\_\_\_ Fax # \_\_\_\_\_

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Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Debbie Pinori 74 Curtis Lane, Yonkers, NY 10710 Tel (914) 965-5899 Fax (914) 965-2265 e-mail peter.pinori@edsoccer.com

Date \_\_\_\_\_ Registrar approval \_\_\_\_\_