



# Certificate of Insurance Request 2017-2018

(Print or type only, do not abbreviate)



State Association: Eastern New York State Amateur Soccer Association

League: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attention: \_\_\_\_\_ e-mail: \_\_\_\_\_

Team: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please put your e-mail address under here



Attention: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please put Facility e-mail address under here



Attention: \_\_\_\_\_ e-mail: \_\_\_\_\_

Facility's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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



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Date \_\_\_\_\_ State approval \_\_\_\_\_

(No certificate will be issued with out State approval)