



Certificate of Insurance Request 2021-22

(Print or type only, do not abbreviate)

State Association: Eastern New York State Amateur Soccer Association

League: _____

Address: _____

City: _____ State: NY Zip: _____

Telephone: _____ Fax: _____

Attention: _____ e-mail: _____

Team: _____

Address: _____

City: _____ State: _____ 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: Ossining State: NY Zip: 10562



Debbie Pinori 74 Curtis Lane Yonkers NY 10710
Tel (914) 965-5899 e-mail pinoride@gmail.com



Date _____

State approval _____

(No certificate will be issued with out State approval)