

CCASA – YEAR 2008

TEAM/LEAGUE NAME: _____

ADDITIONAL Named INSURED:

Please submit a list of each facility where you will be practicing and/or playing games. Includes school districts, city fields, county/district parks, etc. Also list any place used for clinics/signups or fundraisers if required by facility.

A \$5.00 fee will be charged if 1-2 day processing service is requested.

Only the places that you submit will be covered by insurance when your team or league uses the facility. **Please submit ASAP.**

Sample: Certificate Holder Name: Clovis Unified School District
Attention: John Doe
Cert. Holder Address: 1450 Herndon Ave
Clovis, CA 93611
This Certificate is issued on behalf of: Clovis Mustangs 16U-A, Joe Homerun, Coach

#1: Certificate Holder Name: _____
Attention: _____
Phone & Fax: _____
Cert. Holder Address: _____
City & Zip: _____

This Certificate is issued on behalf of: _____
Address: _____
Phone & Fax: _____

#2: Certificate Holder Name: _____
Attention: _____
Phone & Fax: _____
Cert. Holder Address: _____
City & Zip: _____

This Certificate is issued on behalf of: _____
Address: _____
Phone & Fax: _____

ATTACH ADDITIONAL SHEET FOR ADDITIONAL CERTIFICATE HOLDERS.

Mail to: CCASA – 6155 Conejo Rd, Atascadero, CA 93422 **or**

Email to: cmsa@sbcglobal.net **or** Fax to: 805-462-1026