

CERTIFICATE OF INSURANCE REQUEST

(Print or type only, do not abbreviate)

REQUEST DATE: _____

STATE ASSOCIATION: ILLINOIS STATE SOCCER ASSOCIATION

LEAGUE: TRI-COUNTY SOCCER LEAGUE

ADDRESS: 1421 Glacier Pkwy
Algonquin, IL. 60102

TELEPHONE: (847) 561-2656

ATTENTION: Carlos Solarte, President

TEAM: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY NAME: _____

ADDRESS: _____

ADDITIONAL INFORMATION:

United States Amateur Soccer Association
7800 River Road
North Bergen, NJ 07047
Telephone: (201) 861-6277
Fax: (201) 861-6341