

Illinois State Soccer Association

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CERTIFICATE OF LIABILITY INSURANCE REQUEST FORM

(Print or Type only, do not abbreviate)
Please complete and email to ISSARegMS@gmail.com

STATE ASSOCIATION: ILLINOIS STATE SOCCER ASSOCIATION **LEAGUE NAME:** TRI-COUNTY SOCCER LEAGUE ADDRESS: 510 Meadow Lane, Libertyville IL. PHONE: 847-293-9162 EMAIL: regg5100@gmail.com Rolando Gonzalez ATTENTION: TEAM NAME / DIV: MANAGER: ADDRESS: PHONE: **EMAIL: FACILITY OWNER: ADDRESS:** PHONE: **EMAIL:** ATTENTION: FACILITY FIELD(s)NAME: ADDRESS: