

**COMPLETE FORM AND  
FAX BACK TO: 312-226-0722**

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**CERTIFICATE OF INSURANCE REQUEST**  
(Print or Type only, do not abbreviate)

STATE ASSOCIATION: Illinois State Soccer Association  
LEAGUE: Illinois Women's Soccer League  
ADDRESS: P.O. BOX 68849  
SCHAUMBURG, IL 60168-0849  
TELEPHONE: (847) 985-4975  
ATTENTION: Flo Dyson

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TEAM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_

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FACILITY OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_

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FACILITY NAME: \_\_\_\_\_  
\_\_\_\_\_

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