

MICHIGAN SOCCER ASSOCIATION

Member of the United States Adult Soccer Association
867 South Boulevard ~ Pontiac, MI 48341 ~ (586) 924-2400



CERTIFICATE OF INSURANCE - REQUEST FORM

LEAGUE NAME	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	ZIP	<input type="text"/>
League Contact Person	<input type="text"/>	Telephone	<input type="text"/>
E-Mail	<input type="text"/>		
TEAM NAME	<input type="text"/>		
Contact Person	<input type="text"/>		
FACILITY OWNER	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	ZIP	<input type="text"/>
Contact Person	<input type="text"/>	Telephone	<input type="text"/>
E-Mail	<input type="text"/>		
FACILITY NAME	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	ZIP	<input type="text"/>

**Requests for Certificates of Insurance (field insurance)
will only be accepted when submitted by the League Administrator to:
Michigan Soccer Association at**

MiSoccerAssoc@hotmail.com

Questions, please contact Dyann Pugliese at (586) 924-2400.