

USASA MEMBER CLUB INSURANCE REQUEST FORM

Name of Event: _____

Event Date(s): _____

Address Where Event Held: _____

Certificate Holder Information:

Choose One: _____ Proof of Insurance _____ Additional Insured

Check All That Apply: _____ Landowner _____ Facility Owner _____ Sponsor

 _____ Equipment Owner _____ Other*

*IF OTHER PLEASE DESCRIBE: _____

Certificate Holder

Name: _____

Mailing

Address: _____

Phone: _____

Email: _____

EMAIL THIS FORM TO memberclub@australianshepherds.org