



SOUTH CAROLINA YOUTH SOCCER



CERTIFICATE OF INSURANCE REQUEST FORM

Club Requesting Certificate:

Organization

Address

City, State, Zip

Contact: E-mail Address

Certificate Holder:

Name of Organization/Individual Requesting Coverage

Address

City, State, Zip

Contact: E-mail Address

Contact: Fax Number

Type of Event/Dates:

Event

Dates

Complete form and mail or fax to:

Certificates will be issued by e-mail, make certain you have a contact e-mail address.

South Carolina Youth Soccer
7436 Broad River Road
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Irmo, SC 29063
Phone: (803) 749-4353 Fax (803) 749-4352
E-mail: scysa@scysa.org