



CERTIFICATE REQUEST FORM

Please complete and submit to Jennifer Flowers at jflowers@albertaartisticswimming.ca

1. Please complete the following and forward to our office & a certificate will be issued within 24 hours.

Name of Insured and/or Member Club: Address of Insured and/or Member Club:	
Certificate Holder: Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured: (i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities/ Not an insured member)	
Description of Operations/Event: Location of Operations:	
Date of Event (if applicable):	
Date Certificate Requested:	
Certificate to be forwarded to: Please include the following; a) Contact Name b) Email Address or Fax # c) Mailing Address if Certificate is to be mailed	
Name & Address of Additional Insured's (if any) example – Municipalities, Government Departments, Sponsors, Owners of Facilities	