The date of the event must fall within the insurance policy year. Request forms submitted to AAS that are not within the same year will NOT be processed and will need to be resubmitted in the same sesaon of the policy.

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: This is not the club or AAS **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	