

CERIFICATE OF INSURANCE REQUEST

TEXAS STATE SOCCER ASSOCIATION – SOUTH, INC.,

MAIL TO: 10104 Murmuring Creek Drive

Austin, Texas 78736

Phone:/Fax; (512) 288-5133

E-mail: fallcorn@austin.rr.com

LEAGUE NAME:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

FAX:

Attention:

TEAM NAME:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

FAX:

Attention: _

FACILITY OPERATOR: _

ADDRESS: _

CITY/STATE/ZIP: _

TELEPHONE: _

FAX:

Attention: _