



CERTIFICATE OF LIABILITY INSURANCE REQUEST UPSL

TEAM:

PERSONAL MAKING REQUEST:

TELEPHONE

EMAIL ADDRESS:
THIS ADDRESS THE
CERTIFICATE WILL
BE EMAILED

ATTENTION:

FACILITY OWNER:

ADDRESS:

SECOND FACILITY NAME

ADDRESS:

PHONE

SPECIAL WORDING

IF MORE SPACE IS NEEDED USE ADDITION PAGE PLEASE EMIAL
COMPLETED FORM TO gary@upsoccer.com

Some facilities like school districts listed as owner then the
facility itself would be the second. .