



Certificate of Insurance Request 2021-22

(Print or type only, do not abbreviate)

State Association: Eastern New York State Amateur Soccer Association

League: Long Island Soccer Football League

Address: 167 Nassau Boulevard South

City: Garden City South **State:** NY **Zip:** 11530

Telephone: 516-862-5550 **Fax:** 516-862-5550

Attention: LISFL c/o ENYYSA e-mail: LISFL@lisfl.org

Team:

Address:

City: **State:** NY **Zip:**

Telephone: **Fax:**

Please put your e-mail address here

Attention: **Team Rep's e-mail:**

Facility Owner:

Address:

City: **State:** NY **Zip:**

Telephone: **Fax:**

Please put Facility e-mail address here

Attention: **Facility e-mail:**

Facility's Name:

Address:

City: **State:** NY **Zip:**

Debbie Pinori 74 Curtis Lane Yonkers NY 10710
Tel (914) 965-5899 e-mail pinoride@gmail.com

Date State approval
(No certificate will be issued without State approval)

