



# Certificate of Insurance Request 2011-12

(Print or type only, do not abbreviate)



State Association: Eastern New York State Amateur Soccer Association

League: Long Island Soccer Football League



Address: 95 Broadway

City: Hicksville

State: NY

Zip: 11801-4295

Telephone: 516 433-1880

e-mail newworld@aol.com

Attention: Candis Xikis

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail \_\_\_\_\_

Attention: \_\_\_\_\_

Facility Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail \_\_\_\_\_

Attention: \_\_\_\_\_

Facility's Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_



Fax to Ann Rapaglia at: 718 227-1777

Date \_\_\_\_\_ Registrar approval \_\_\_\_\_

(No certificate will be issued without state Registrars approval)