



Mail/Fax/Email to: Great Lakes Region Office
745 McClintock Dr. Suite 314, Burr Ridge IL 60527-0857
Phone: (630) 986-9000 Fax: (630)-828-2970
greatlakesvolleyball@glrvb.com

Liability Insurance Certificate Request Form

NAME OF TEAM/CLUB: _____

Has the Club Address Changed since last season? Yes ___ No ___

TEAM REP MAILING INFO: *Does not need to be filled out if no changes are made:*

Team Rep Name: _____

Address: _____

_____ City _____ State _____ Zip

Phone: ___ / ___ - ___ Fax: ___ / ___ - ___

Email: _____

FACILITY INFO or Certificate Holder Information

Site or Holder Name: _____

Site or Holder Address: _____

_____ City _____ State _____ Zip

Reason for Certificate: ___ Practice, ___ Tournament, ___ Building Owner, ___ Sponsor,
___ Other– Explain: _____

REQUIRED: IF for PRACTICE: What days of the week will site be used?

SIGNATURE OF CLUB DIRECTOR or ADULT TEAM REP:

Please use a separate form for each site!!!