



## USSSA Soccer – Certificate Request Form

Club or League Name:		
Registration Type: <input type="checkbox"/> Youth <input type="checkbox"/> Adult		
Club Mailing Address, City, State, ZIP:		
Club Director:	Contact Name:	
Contact Email:		
<b>Additional Insured Certificates Requested</b>		
Municipality or Entity Name:		
Address:		
City:	State:	Zip:
Municipality or Entity Name:		
Address:		
City:	State:	Zip:
Municipality or Entity Name:		
Address:		
City:	State:	Zip: