



South Carolina Youth Soccer Association



CERTIFICATE OF INSURANCE REQUEST FORM

Club Requesting Certificate:

Organization

Address

City, State, Zip

Contact: E-mail Address

Certificate Holder:

Name of Organization/Individual Requesting Coverage

Address

City, State, Zip

Contact: E-mail Address

Type of Event/Dates:

Event

Dates

Complete form and mail or fax to:

*Certificates will be issued by e-mail
make certain you have a contact e-mail
address*

South Carolina Youth Soccer Association
121 Executive Center Drive
Suite 140
Columbia, SC 29210
Phone: (803) 798-5425/Fax (803) 798-4242
E-mail: scysa@scysa.org