



# South Carolina Youth Soccer



## 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

\_\_\_\_\_  
Contact: Fax Number

**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](mailto:scysa@scysa.org)