

## REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

Please send requests to Domestic Services at insurance@alpinecanada.org and allow 2 weeks for turnaround.

Description of sanctioned event/activity:				
Event/Activity Date:				
Is this event/activity part of the Calendar?				
If no, please explain				
Which Club/Division is to receive the sanction for the event?				
	ontrol and direction of the club/organization			
Location of the Event/Activity (include provincial address)				
Has ski area or other r	equested a certificate of insurar	ice? TYES	☐ NO	
Has Certificate Holder	specified a Limit of Liability?	YES Limit Req	uired \$	□ NO
Certificate Holder:  Venue Operator(s) e.g.ski resort, training facility, etc.(provide full legal name and address)				Add as additional insured:
				☐ YES
If parties other than the certificate holder are requesting to be added on as Additional Insured, please attach a list of names including description of their involvement in the event.				
Requested by: Discipline Alpine Canada Alpin				
Date:	Telephone No:		Email:	

YYYY-MM-DD