

**USA Racquetball**  
**1685 W. Uintah**  
**Colorado Springs, CO 80904**

**CERTIFICATE REQUEST FORM**

**Please Type or Print Legibly**

DATE OF REQUEST – when you are notified by member club/venue	
Member Club/Venue Requesting Certificate (This will be the Certificate Holder)	
Address of Member Club/Venue:	
Contact Person & Phone/Fax Numbers	PH: FX:
Date of Event:	
Coverage Dates Requested:	
Name / Type of Event:	
Location of Event	
Additional Insured: Complete Address/Contact Person and Phone numbers & Relationship to the insured:  (Please use separate sheet if needed)	
Name of Requestor Signature of Requestor Phone#	Email  Fax#

Signature of Authorized Requestor:

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 Terri Morse, Director of State and Membership Services