



SCVA Facility Use Insurance Request 2009/2010**

Club Information:

Club Name _____ Director _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Facility Information:

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

Facility Name _____ Contact Name _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

****Please enclose form with the \$50 payment**