



Certificate of Liability Insurance Request

Club: _____

Facility Name: _____

Address: _____

City/Zip: _____

Facility Name: _____

Address: _____

City/Zip: _____

Facility Name: _____

Address: _____

City/Zip: _____

Facility Name: _____

Address: _____

City/Zip: _____

Facility Name: _____

Address: _____

City/Zip: _____

**Iowa Soccer Association
3850 Merle Hay Rd, Suite 524
Des Moines, IA 50310
515-252-6363 Fax 515-252-7676**