

# REQUEST FOR CERTIFICATE

LOCATION OF EVENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

NAME(S) OF ADDITIONAL INSURED \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

LIST OF ALL BUILDINGS USED \_\_\_\_\_

DATE(S) AND TIME OF EVENT \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

Requested by Federation/Organization **Square Dance Federation of Minnesota, Inc.** Date

Requested by Club \_\_\_\_\_

Person making request \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**MAIL COMPLETED FORM TO:**

**Insurance Chair  
Wanda Ochocki  
506 Southview Drive  
Marshall, MN 56258-2223**