



REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

Please send requests to Adele MacEachern amaceachern@alpinecanada.org allow 2 weeks for turnaround. Description of sanctioned event/activity: Event/Activity Date: Is this event/activity part of the Calendar? ☐ YES ☐ NO If no, please explain Which Club/Division is to receive the sanction for the event? Event is under the control and direction of (person's name and the club/orgranization he/she belongs to: Location of the Event/Activity (include provincial address) Has ski area or other requested a certificate of insurance? YES ☐ NO ☐ NO Limit Required \$ Add as Certificate Holder: additional insured: Venue Operator(s) e.g. ski resort, training facility, etc. (provide full legal name) ☐ YES ☐ YES ☐ YES ☐ YES If parties other than the certificate holder (not CSA members) are requesting to be added on as Additional Insured, please attach a list of names including description of their involvement in the event. **CSA** Discipline Alpine Canada Alpin Requested by: Telephone No: Fax No: Date: YYYY-MM-DD Please do not complete the following section:

Certificate of Insurance, as requested, is attached