

Polish Scouting Association in Canada Inc.

Request for Certificate of Insurance

Please fax a certificate of Insurance to:

Name of Facility
(Certificate Holder) _____

Address: _____

Attention: _____

Fax # _____

On behalf of Polish Scouting Association in Canada Inc.:

Group Name (Szczep) _____

Group Leader _____

Telephone _____

Activity: (weekly meetings, special event)

Location of event or activity

Date(s) _____

Duration _____

Number of Participants _____

Age of Participants (range) _____