



APPENDIX F

REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

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/organization he/she belongs to):

Location of the Event/Activity (include provincial address):

Has ski area or other requested a certificate of insurance? Yes No

Has Certificate Holder specified a Limit of Liability? Yes , Limit Required: \$ No

Certificate Holder: Venue Operator(s) e.g. ski resort, training facility, etc. (provide full legal name and address)	Add as Additional Insured?	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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.

Requested by:

CSA discipline: **CROSS COUNTRY**

Date: YYYY-MM-DD Telephone No.: / - email:

Please do not complete the following section:

Certificate of Insurance, as requested, is attached _____