



**Special Olympics**  
New Mexico

## REQUEST FOR CERTIFICATE OF INSURANCE

Please fill out this form and **FAX** it back to Chris Page at **(505)856-0346**.

Date: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Area Number (1-6): \_\_\_\_\_

Delegation: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event/Practice: \_\_\_\_\_

Site or Location of Event/Practice: \_\_\_\_\_

The following information is *to whom* the certificate will be issued.

Certificate Holder: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Certificate Holder Address: \_\_\_\_\_

Certificate Holder Phone No.: \_\_\_\_\_

Certificate Holder Fax No.: \_\_\_\_\_

Certificate Holder Email Address: \_\_\_\_\_