



Special Olympics
New Mexico

REQUEST FOR CERTIFICATE OF INSURANCE

Please complete this form and email to Chris or Jena Chrispage@sonm.org or Jena@sonm.org

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: _____