



## Commercial General Liability Certificate of Insurance Request

Sport Organization: Manitoba Gymnastics Association

Club Name: \_\_\_\_\_

Club Contact: \_\_\_\_\_

Club Address: \_\_\_\_\_

### Additional Details (If Applicable)

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

Event Location: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Other: \_\_\_\_\_

Please forward your certificate request to Regan Bint – [mga@sportmanitoba.ca](mailto:mga@sportmanitoba.ca). It will be processed and returned to you within 1 week.

