

MANITOBA GYMNASTICS ASSOCIATION
REQUEST FOR CERTIFICATE OF INSURANCE

Gymnastics Organization:			
Name of Club requesting the Certificate:			
Event/Activity Name:			
Event/Activity Description:			
Event/Activity Date(s):			
Event/Activity Location:			
Who is/are the Certificate Holder(s) – include each entity's mailing address:			
Certificate Holder: Venue Operator(s) – provide full legal name & address	Add as Additional Insured?		
	Yes	No	
Has the Certificate Holder specified a Limit of Liability? <input type="checkbox"/> No If <input type="checkbox"/> Yes, Limit Required is:		\$	

Requested by:	
Date:	

Please forward your certificate request to Regan Bint – mga@sportmanitoba.ca.