



CERTIFICATE REQUEST FORM

Please complete the following fully for each certificate request and email to:

Regan Bint, mga@sportmanitoba.ca

A certificate can be issued within 24 hours or next business day

Name of Insured and Address: <i>(As per insurance policy)</i>	Manitoba Gymnastics Association
Member Club and Address: <i>(If applicable)</i>	
Name of Certificate Holder & Address / Additional Insured(s): <i>i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</i> <u>(CAN NOT BE AN INSURED, MEMBER OR INDIVIDUAL)</u> <i>We will issue with Additional Insured clause, unless proof of coverage is only needed – please specify “proof only”</i>	
Description of Operations/Event, and Location of Operations:	
Date of Event: <i>(If applicable)</i>	
Date Certificate Requested:	
Certificate will be issued to the individual requesting the certificate. <i>If the certificate needs to be sent to anyone else, please specify:</i> Contact Name: Email Address or Fax #: Mailing Address (if to be mailed):	