

APPLICATION FOR CERTIFICATE OF LIABILITY INSURANCE

GROUP NAME _____

PERSON IN CHARGE OF ENTIRE ACTIVITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONES H: _____ B: _____

DATE (S) OF ACTIVITY:

LOCATION OF ACTIVITY:

ACTIVITY CERTIFICATE REQUESTED FOR (organization): _____

CERTIFICATE ATTENTION TO (specific person)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DESCRIBE THE ACTIVITY: _____

WHO ARE THE PARTICIPANTS? (Number of participants, Scout or Non-Scout, ages)

IS THERE A CHARGE TO PARTICIPATE? YES NO

IF YES, WHAT IS THE CHARGE? \$ _____

DESCRIBE SAFETY PRECAUTIONS BEING TAKEN: _____

WHAT ARE YOUR PLANS TO HANDLE AN INJURY? _____

ADULT LEADERSHIP IS REQUIRED TO SUPERVISE THE ACTIVITY:

Number of adults required to be on duty at all times: _____

What supervision will there be to keep people away when activity is closed? (if applicable)

PERSON SUBMITTING REQUEST (if different from person in charge)

NAME _____

TELEPHONES H: _____ B: _____

EMAIL:

John.Gliot@Scouting.org

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OR MAIL TO:

FAX: 260-436-1824

Attn: COI

Anthony Wayne Area Council, Inc

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