



**EASTERN NEW YORK YOUTH SOCCER ASSOCIATION**

53 NORTH PARK AVE. SUITE 207, ROCKVILLECENTRE, NY 11570  
 PHONE: 516-766-0849 - FAX: 516-678-7411 - EMAIL: ENYOFFICE@ENYSOCCER.COM  
 WWW.ENYSOCCER.COM

2011/2012

**INSURANCE CERTIFICATE WORKSHEET**

League: Capital District Youth Soccer League (CDYSL)

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

Registrar: \_\_\_\_\_

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

Email: \_\_\_\_\_

(Please only one email address, recommended that registrar or president get copies)

Phone: \_\_\_\_\_

List the Name, Address and Phone Number of any co-insured (i.e.: School Districts, Town Parks, etc...)

	Name	Address	City / Town	State	Zip	Phone
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Return this form to the CDYSL office.  
 19 Aviation Drive  
 Albany, NY 12205  
 Fax 435-2328 or email [cdyslregistrar@cdysl.org](mailto:cdyslregistrar@cdysl.org)