



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

265 SUNRISE HIGHWAY, SUITE 38, ROCKVILLE CENTRE, NY 11570
 PHONE: 516-766-0849 - FAX: 516-678-7411 - EMAIL: ENYOFFICE@ENYSOCCER.COM
 WWW.ENYSOCCER.COM

**ALL INSURANCE CERTIFICATES MUST BE SUBMITTED THROUGH THIS WORKSHEET
 WE WILL NOT BE ACCEPTING ANY REQUESTS WITHOUT THIS FORM. FORMS WILL BE
 MARKED WITH DATE RECEIVED AND PROCESSED IN ORDER OF BEING RECEIVED.**

Return this form to the CDYSL office:

19 Aviation Drive – Suite 9

Albany, NY 12205

or email Jennifer.vinci@cdysl.org

2018/2019

INSURANCE CERTIFICATE WORKSHEET

League: Capital District Youth Soccer League (CDYSL)

Club: _____

Email: _____

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

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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IF YOU HAVE ANY ADDITIONAL REQUIRED WORDING FOR THE CERTIFICATE, TYPE HERE:
