



## REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

Please send requests to Emily Smith at emily.smith@csf.ca and allow 2 weeks for turnaround.

| Description of sanctioned event/activity:  |  |                    |             |                            |
|--|--|--------------------|-------------|----------------------------|
| Event/Activity Date:   |  |                    |             |                            |
| Is this event/activity   | part of the Calendar?                            | □ NO               |             |                            |
| If no, please explain  |  |                    |             |                            |
| Which Club/Division is to receive the sanction for the event?  |  |                    |             |                            |
|  | ontrol and direction of<br>the club/organization |                    |             |                            |
| Location of the Event/Activity (include provincial address)  |  |                    |             |                            |
| Has ski area or other r  | equested a certificate of insurance              | e? TYES            | □ NO        |                            |
| Has Certificate Holder   | specified a Limit of Liability?                  | YES Limit Required | \$          | □ NO                       |
| Certificate Holder:  Venue Operator(s) e.g.ski resort, training facility, etc.(provide full legal name and address)  |  |                    |             | Add as additional insured: |
|  |  |                    |             | ☐ YES                      |
| If parties other than the certificate holder (not CSA members) are requesting to be added on as Additional Insured, please attach a list of names including description of their involvement in the event. |  |                    |             |                            |
| Requested by:  |  | CSA Discipline     | Canada Snow | board                      |
| Date:  | Telephone No:                                    | E                  | Email:      |                            |

YYYY-MM-DD