

REGION 15 AHA INSURANCE REQUEST

ACTIVITY NAME _____

DATE(S) _____

LOCATION (include street address) _____

SPONSORING CLUB _____

EVENT MANAGER NAME/ADDRESS _____

PHONE _____ FAX _____ E-mail _____

NAMED INSURED (grounds or building owner and address)

IF APPLICABLE LIST SHOW NUMBERS BELOW FOR ADDITIONAL INSUREDS

USEF _____

AHA _____

USDF _____

If possible send completed form 60 days prior to event to:
Wayne Gavitt, 5703 Route 87, Forksville, PA 18616
Phone 570-924-3574