EVENT NOTIFICATION AND GROUP TRAVEL FORM

NOTIFICATION OF AN EVENT

This form is used for notification of an event where no Certificate of Insurance is required by the facility. **If a certificate of insurance is not issued for a facility, there is no liability coverage for the facility being used.** If the facility requires a Certificate of Insurance or to be named as "Additional Insured", use the "Request for Certificate" form.

INSURANCE CHAIRMAN: Image: State	FEDERATION/AS	SSOCIATION	1				
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DATE OF FUNCTION:	CLUB ADDRESS	:					
	CITY:				STATE:	ZIP:	
	DATE OF FUNCT	TION:					
FACILITY BEING USED:	FACILITY BEINC	G USED:					
STREET ADDRESS:	STREET ADDRES	SS:					
CITY: STATE: ZIP:	CITY:				STATE:	ZIP:	

GROUP TRAVEL INFORMATION

DATE OF TRIP:	DEPARTURE TIME:						
DEPARTING FROM (CITY/STATE):							
DESTINATION (CITY/STATE):							
NUMBER OF MILES (ONE WAY -							
Min 25 Miles)							
CARRIER:							
ADDRESS:							
PHONE:							
(MUST BE COMMERCIAL, CERTIFIED, AND INSURED)							

Person Submitting This Form					
Date		Phone	E	Email	