

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH EVENT.

PLEASE USE ONE FORM FOR EACH EVENT

CLUB NAME _____

CONTACT NAME/ADDRESS/PHONE/E-MAIL _____

DATES OF THIS SHOW:

USEF, USDF, AHA EVENT NUMBER: _____

COMPLETE NAME, ADDRESS, AND LOCATION FOR THIS SHOW – INCLUDE COUNTY:

NAME AND ADDRESS OF THOSE TO BE NAMED AS “ADDITIONAL INSURED” FOR THIS SHOW:

*INCLUDING THE ABOVE INFORMATION WITH YOUR RENEWAL APPLICATION WILL
ENSURE THAT WE CAN ISSUE CERTIFICATES IN A TIMELY MANNER.*