



Scholastic Shooting Sports Foundation

Request for Certificate of Insurance

Please complete and email to: kleach@sssfonline.com

All Certificates of Insurance, listing an additional insured, incur a \$150 fee. Scholastic Shooting Sports Foundation will cover \$100 of the fee, but teams will be responsible for the remaining \$50 fee per certificate if you require a certificate. The standard certificate of insurance is posted on both the SCTP and SASP websites.

Team Information

Today's Date: _____

Team Name: _____

Head Coach Name: _____ Team: ☐ SCTP ☐ SASP ☒ BOTH

Email Address: _____ Phone Number: _____

Are all adult volunteers of the team Registered with SSSF: ☐ Yes ☐ No

Are all members/athletes of the team registered with SSSF: ☐ Yes ☐ No

Are any of your athletes registered with other organizations that participate in shooting sports?

☐ Yes ☒ No If yes, please provide information: _____

Are you or any of your adult volunteers registered with other organizations that participate in shooting sports?

☐ Yes ☒ No If yes, please provide information _____

Certificate Holder Information

(Please complete the following for all gun clubs, schools, counties where teams compete or practice)

Certificate holder is a: ☐ Gun Club ☐ School ☐ County ☐ Other (describe): _____

Certificate Holder Name: _____

Certificate Holder Point of Contact: _____

Mailing Address: _____

Physical Location: _____

Email Address: _____ Phone Number: _____