



APPENDIX F

##### REQUEST FOR SANCTION OR CERTIFICATE OF INSURANCE

###### Description of sanctioned event/activity: If this a yearly sanction request for all events beginning Sept 1st, 2017 to August 31st, 2018, please attach a calander of events with Club name, activities and location.

###### If this a Single event sanction request, then (insert Club Name) activities involving training, teaching, coaching and racing at (insert Resort name)

###### Event/Activity Date:

**Is this event/activity part of the Calendar? Yes** **[ ]  No** **[ ]**

 ***If no, please explain*** **Event is on CADS Calander and not the NSO / FIS Calander**

**Which Club/Division is to receive the sanction for the event?**

**Event is under the control and direction of (person’s name and the club/orgranization he/she belongs to:**

 **Location of the Event/Activity (include provincial address):**

Has ski area or other requested a certificate of insurance? Yes [ ]  No [ ]

**Has Certificate Holder specified a Limit of Liability? Yes** **[ ]  , Limit Required: $**       **No** **[ ]**

 **Certificate Holder: Add as Additional Insured?**

 **Venue Operator(s) e.g. ski resort, training facility, etc. (provide full legal name) Yes No**

     **[ ]** **[ ]**

     **[ ]** **[ ]**

     **[ ]** **[ ]**

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: **

**Date:**      **Telephone No.:**     /     -      **Fax No.:**     /     -

 YYYY-MM-DD

***Please do not complete the following section:***

**Certificate of Insurance, as requested, is attached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**