**Eastern Pennsylvania Soccer Association**

**4070 Butler Pike, Suite 100, Plymouth Meeting, PA 19462**

**Facility Request**



|  |  |
| --- | --- |
| Date |  |
| Attn: |  |

In order to provide your facility with a Certificate of Insurance (COI), we are required to provide our parent organization, Eastern Pennsylvania Soccer Association (EPSA), with a contract or field usage permit from your facility to submit along with the Certificate of Insurance (COI) request form.

This document is intended to serve as the contract so that we may promptly provide you with the requested COI.

A copy of our Liability Insurance Summary (through EPSA and the USASA) is available here: [https://eastpasa.demosphere-secure.com/\_files/forms/insurance-forms/USASA%202022-2023%20Liability%20Insurance%20Summary.pdf](https://eastpasa.demosphere-secure.com/_files/forms/insurance-forms/USASA%202022-2023%20Liability%20Insurance%20Summary.pdf%20). We hope this will satisfy your requirements in the interim while we work to obtain the COI.

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**Team name (s)**

Hereby request permission to use the field noted below, on the dates & times noted below. Exact dates and times for facility use may be agreed upon at a later date between the team and a representative from the facility if necessary. However, a generic window may be noted since those exact dates and times may not yet be known (based on scheduling).

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**Facility Name**:

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**Facility Address**:

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**Dates requested:**

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**Times requested:**

By signing this document, you acknowledge and authorize the facility or field request. Once you receive a COI, exact dates and times can be coordinated with the team representative(s), who will be responsible for this task as well as payment remittance.

We appreciate your cooperation and look forward to a great season!

League Representative Signature

Facility Representative Signature

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| --- | --- |
| League Name |  |
| League Representative |  |
| Email |  |
| Phone Number |  |

|  |  |
| --- | --- |
| Facility Representative |  |
| Email |  |
| Phone Number |  |