

National Capital Area Council

Boy Scouts of America

INFORMATION FOR CERTIFICATE OF INSURANCE

(This request should be submitted one week prior to your events/activities to Program Department)

Professional: _____ Date: _____

Contact Tel: _____

Please check one: Unit District Council Other

Which unit or district? _____

Description of activity/event: _____

Date(s) of activity/event: _____

Location: _____

If certificate is for use of facilities, describe: _____

Certificate Holder: _____

Street address _____

City _____, State: _____ Zip _____

Contact: _____

Business Phone: _____ Fax: _____

Type information into form. Save in computer with new file name.
Send completed form to District Executive to get processed.

BIN 76