

United States Adult Soccer Association Certificate of Insurance Request

STATE ASSOCIATION: Louisiana Soccer Association

LEAGUE: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

TEAM: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE: _____

ATTENTION: _____

FACILITY'S NAME: _____

ADDRESS: _____

Instructions: Complete all the information requested above. Once complete, mail or fax form (along with a Goal/Field Inspection Form) to LSA. LSA will then forward the form to USASA for the Insurance Certificate. Please allow at least 3-5 days for request to be processed.



Attn: Adult Insurance Certificate Request
475 Gardere Lane
Baton Rouge, LA 70820
Fax (225) 766-0623

