

PIONEER REGION
USA VOLLEYBALL
CERTIFICATE OF INSURANCE REQUESTS

CERTIFICATE OF INSURANCE FOR THE VOLLEYBALL CLUB

Name of Volleyball Club

Club Director or Contacts Name

Mailing address

Email address

Phone number

Fax Number (Certificates will be faxed to this number)

CERTIFICATE OF INSURANCE FOR THE FACILITY

Name of Volleyball Club

Certificate Holder's Name

Contact Person

Mailing address

Email address

Phone number

Please forward the above information to:

Ron Kordes

ronkordes@ovvc.com

1820 Taylor Ave.

Louisville, KY 40213

phone) 502-473-1200 x11

fax) 502-473-0944