

Time Deadlines & Fees

All Requests for Third party certificates must be submitted on this form.

The local AAU Association must receive a Request at least 30 days prior to an event or first date of facility use to allow appropriate time for processing. A check for \$25.00 made payable to the AAU must accompany each request. A check for \$100.00 must accompany all Requests received by the local AAU Association with less than 30 days prior to the event or the first date of facility use.

Add + \$10.00 PER CERTIFICATE, IF REQUESTING 200 OR MORE CERTIFICATES

NO REQUEST FOR THIRD PARTY CERTIFICATES WILL BE TAKEN OVER THE PHONE.

It is extremely important to be certain that sufficient time is allowed for your Request (s) to be received by your Local AAU Association.

Instructions

1. Make sure that all information pertinent to the Member Club is complete, including the address and daytime telephone number.
2. Make certain that all information pertinent to the Event is provided. We must have the exact date (s) of the event (rather than the days of the week). No requests will be processed without a Sanction Number being listed. Contact your Local AAU Association if you do not know your Sanction Number.
3. In the Third Party Certificate Information section of the form, the Name and Address of the party to be insured must be accurately listed. Please check with the party as to how they want to be named. Otherwise you may be starting all over again if the certificate is rejected.

Notice:

Please be advised that failure to observe the above Time Deadlines and Fee Schedules and/or follow the instructions above will delay the processing of the Request. This could result in the facility not having the certificate of insurance in its possession prior to the date (s) of the scheduled event or practice.

Copies of issued Third Party Certificates are available only through the AAU Web Site – www.aausports.org

REQUEST FOR THIRD PARTY CERTIFICATE – VALID ONLY FOR DATES APPROVED**ONLY REQUEST A CERTIFICATE IF REQUIRED**

ASSOCIATION NAME: _____ APPLICATION DATE: _____/_____/_____

NAME OF EVENT: _____ SPORT: _____

DATE(S) OF EVENT: _____/_____/_____ TO _____/_____/_____ TOTAL # OF DAYS: _____

★ EVENT SANCTION NUMBER _____ ★ (MUST BE FILLED IN - IF PRACTICE USE CLUB NUMBER FOR SANCTION NUMBER)

MEMBER CLUB INFORMATION

CLUB NAME: _____ CLUB NUMBER: _____

CONTACT NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) _____ (_____) _____ (_____) _____
HOME NUMBER WORK NUMBER CELL NUMBER E-MAIL ADDRESS**EVENT INFORMATION****EVENT CATEGORY (✓ CHECK ONE CATEGORY ONLY)**

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> INTER-ASSOCIATION | <input type="checkbox"/> REGIONAL CHAMPIONSHIP | <input type="checkbox"/> ASSOCIATION CHAMPIONSHIP |
| <input type="checkbox"/> INVITATIONAL | <input type="checkbox"/> LEAGUE | <input type="checkbox"/> NATIONAL CHAMPIONSHIP | <input type="checkbox"/> DEMONSTRATION / CLINIC |
| <input type="checkbox"/> PHYSICALLY CHALLENGED EVENT | | <input type="checkbox"/> PRACTICE | |

THIS EVENT WILL ALLOW THE FOLLOWING TO PARTICIPATE

- | | | | | |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> YOUTH | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> BOTH | <input type="checkbox"/> AGE GROUP(S) _____ |
| <input type="checkbox"/> ADULT | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | <input type="checkbox"/> BOTH | <input type="checkbox"/> AGE GROUP(S) _____ |

NUMBER OF AGE GROUPS PARTICIPATING: _____ ESTIMATED NUMBER OF PARTICIPANTS: _____

THIRD PARTY CERTIFICATE INFORMATION

(NAME OF ENTITY or FACILITY or PERSON YOU WANT INSURED)

IF MORE THAN ONE CERTIFICATE REQUESTED, ATTACH A TYPED LIST FOR EACH ADDITIONAL CERTIFICATE GIVING INFORMATION REQUESTED BELOW

NAME OF THIRD PARTY INSURED _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

(_____) _____ (_____) _____
DAYTIME PHONE NUMBER FAX NUMBER(_____) _____ (_____) _____
CELL NUMBER E-MAIL ADDRESS**COPIES OF ISSUED THIRD PARTY CERTIFICATES ARE AVAILABLE ONLY THROUGH THE AAU WEB SITE – WWW.AAUSPORTS.ORG****FEES****\$25.00** - PER REQUEST IF RECEIVED BY LOCAL AAU OFFICE AT LEAST 30 DAYS PRIOR TO DATE(S) OF EVENT**\$100.00** - PER REQUEST IF RECEIVED BY LOCAL AAU OFFICE LESS THAN 30 DAYS PRIOR TO DATE(S) OF EVENT**ADD + \$10.00** – PER CERTIFICATE, IF REQUESTING 200 OR MORE CERTIFICATES**MAIL THIS REQUEST TO YOUR LOCAL ASSOCIATION**