

CERTIFICATE OF INSURANCE REQUEST FORM

~~(Fairfax)~~

Date of Request: _____

School District: _____

School Site: _____
(~~FA~~)

Contact Person: _____ Phone: _____

Short term facility use:

Name of Event: _____

Date(s) of Event: _____ Start time: _____ End time: _____

Description of the Event: _____

Facility to be used:

Please return to your district office