



### CERTIFICATE REQUEST FORM

To be emailed to Gymnastics Ontario  
Operations Manager  
Email: [operations@gymnasticsontario.ca](mailto:operations@gymnasticsontario.ca)

**Please complete the following information and forward to Gymnastics Ontario**

<b>Name of Insured:</b> ( Including Address & Postal Code)	
<b>Name of Member Club:</b> (Including Address & Postal Code)	
<b>Certificate Holder:</b> Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities (Not an insured member)  <b>Additional Insured Required:</b>  <b>Liquor Liability Required:</b>	
<b>Description of Operations/Event:</b>  <b>Location of Operations:</b>	
<b>Date of Event (if applicable):</b>	
<b>Certificate to be forwarded to:</b> Please include the following;  a) Contact Name b) Email Address	