

Make Copies as Needed

# Club Practice Schedule



A separate Club Practice Schedule must be submitted for each practice facility.

Completion of these sections will register your practices with USATF and provide liability coverage for your organization/club. In order for your coach/volunteer to be added to the policy, they must complete the Coach/Volunteer Registration or the Coach/Volunteer Application form (see attached).

## SECTION 1

Club Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Association # \_\_\_\_\_ Club # \_\_\_\_\_ Today's Date \_\_\_\_\_

Practice Location & Address \_\_\_\_\_

I, \_\_\_\_\_ have obtained permission from \_\_\_\_\_ (Facility)

for the club's use of their facility as a practice site. *Signature* \_\_\_\_\_

### Circle Practice Dates at this facility

<u>January</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>February</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
<u>March</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>April</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>May</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>June</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
<u>July</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>August</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
<u>September</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
<u>October</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>November</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
<u>December</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

### Indicate Practice Times

Practice Times: from \_\_\_\_\_ to \_\_\_\_\_ Jan Feb March April May June July Aug Sept Oct Nov Dec

Practice Times: from \_\_\_\_\_ to \_\_\_\_\_ Jan Feb March April May June July Aug Sept Oct Nov Dec

## SECTION 2

### Request for 3rd Party Certificate of Insurance - \$15.00 per Request

All fields must be completed if a 3rd Party (e.g. school, facility, municipality, etc.) needs to be added to the policy. Failure to provide all of the information or illegible writing may result in the certificate not being properly issued. Only list the 3<sup>rd</sup> Party's mailing address.

Name of 3rd Party \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(area code)

(area code)

E-mail (3<sup>rd</sup> Party) \_\_\_\_\_ E-mail (Org/Club) \_\_\_\_\_

### For Official Use Only

VISA # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_