



INSURANCE PARTICULARS:
SKI RESORT OR LOCATION:

SPONSORS:

ADDITIONAL INSURED:

DATE FORM COMPLETED:

COMPLETED BY:

NOTE:

- all members of your club **MUST** be members of the Provincial Snowboard Association
- all participants of your club activities **MUST** be members the Provincial Snowboard Association
- all competitors of your club events **MUST** be members of a Provincial Snowboard Association

CSF Sanction # _____