



NFHS Camp, Clinic & Tournament Insurance Questionnaire

This form must be completed in order to purchase the NFHS Camp, Clinic & Tournament Insurance Plan.

Name of Event: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax _____

Email: _____

1. Type of Event: Day Camp/Clinic Overnight Camp/Clinic Tournament

2. Sports and Activities (list here): _____

3. Please complete the Premium Calculation form for your event and enclose your check for the appropriate premium with this application.

4. Please include a roster of all participants with this application. If your roster is not available prior to the start date of your event, you must submit the final roster within 10 days of the completion of your event.

5. CERTIFICATION: I certify that the sports and activities sponsored during this camp, clinic or tournament conform with the rules established by the NFHS for that sport or activity.

Signature: _____ Date _____