

**NAMBA INTERNATIONAL
2015
APPLICATION FOR SPECIAL LAKE OR RUNNING SITE INSURANCE**

NAME OF NAMBA CLUB REQUESTING INSURANCE: _____

SITE OR SITE NAME: _____

SITE ADDRESS OR LOCATION: _____

SITE OWNER'S NAME: _____

SITE OWNER'S ADDRESS: _____

MAIL CERTIFICATE TO: NAME: _____

OFFICE HELD: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Make PayPal payment (namba@cox.net), check, or money order for **\$50.00** payable to NAMBA INTERNATIONAL and fax or mail with completed application to:

NAMBA International
162 Avenida Chapala
San Marcos, CA 92069
(760) 746-2408
Fax (760) 539-9009

This application and the payment of **\$50.00** must be in the NAMBA office at least fourteen days prior to the date the insurance is needed. This site coverage is applicable to the calendar year or any portion thereof. It is understood that the club that is applying for this site insurance must be a NAMBA registered club in good standing, and have a minimum of five adult members insured with NAMBA to be eligible for this special site coverage. No alternate sites are permitted. This site coverage is for the above named site, and no additions or revisions may be made to the certificate once it is received by the applying club. Additional sites may be insured by completion of additional applications, each accompanied by the appropriate **\$50.00** fee.

Signature: _____

Date: _____