



IRISH SQUASH

REQUEST FOR LETTER OF INDEMNITY

CLUB:	
--------------	--

NAME OF PERSON SUBMITTING REQUEST:	
---	--

ADDRESS:	
-----------------	--

DAYTIME PHONE NO:	
--------------------------	--

NAME OF EVENT: e.g. Training, name of tournament etc	
Date of Event: *dates and times must be specified* Please note ONGOING if continuous indemnity needed	

Venue:	
---------------	--

ORGANISATION TO BE INDEMNIFIED (I.E. TO BE INCLUDED IN IRISH SQUASH POLICY) (NB: Not Club or Members as they already have cover)	
---	--

CLUB SIGNATORY:	
------------------------	--

******PLEASE NOTE******
THIS FORM MUST BE RECEIVED IN
IRISH SQUASH OFFICE