

**INDEPENDENT SOFTBALL ASSOCIATION 2008
YOUTH & ADULT
TOURNAMENT INSURANCE ENROLLMENT
FORM
1-800-447-6797**

TOURNAMENT NAME _____

TOURNAMENT DATES _____ TO _____

TOURNAMENT DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE(_____) _____

EMAIL _____

TYPE OF TOURNAMENT (CIRCLE ONE): SOFTBALL BASEBALL

COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS

NAME OF FIELD OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREMIUM CALCULATION:

OF YOUTH TEAMS _____ X \$7 = _____

OF ADULT TEAMS _____ X \$16 = _____

**MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY
&**

MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803

OR CALL 1-800-447-6797 TO PURCHASE WITH CREDIT CARD

Certificates will be emailed. If email not available then faxed

EMAIL ADDRESS: _____

FAX #: _____

ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.