

United Methodist Women, National Office

Special Events Insurance Request Form

(Necessary only if you need a Certificate of Insurance)

Name of Event: _____

Date (s) of Event: _____ to _____

Address of Event: _____

Event Sponsor: _____

Event Contact Name: _____

Email address: _____

Telephone #: _____

Expected Attendance: _____

*Submit this form to staff listed below 5 business days before the start of the event (if event is less than 5 days and less than 500 people).

*If your event will be for 5 business days or more, or for over 500 people, please submit this form 5 weeks prior to the start of the event.

Please email this application or any questions to:

Wspencer@unitedmethodistwomen.org or

Hmui@unitedmethodistwomen.org