

FFMC Liability Coverage Request Form

Please complete and send this form with the appropriate fee (payable to FFMC, Inc.) on or before **30 July 2010** to:

Suzanne Carpenter, FFMC Treasurer
P.O. Box 357275
Gainesville, FL 32635-7275
e-mail: Treasurer@FFMC-music.org

Name of Contact Person _____

Address _____

City, Zip _____

Telephone (_____) _____ email _____

District _____

Festival Sites or Locations (a physical location is required; a P.O. Box is not sufficient)

Festival/Event Dates _____

Amount Due: Number of events _____ x \$14.00* = \$ _____ ck # _____

AFTER 1 August: Number of events _____ x \$15.00* = \$ _____ ck # _____

Signature _____

Date Signed _____

*** \$14.00 for EACH festival weekend or meeting. \$15.00 after 1 August**

Normally, no certificate of insurance will be sent to the institution unless it is specifically requested. However, your insurance will be in force.

If you **MUST** have a certificate of insurance sent to the above contact person, check here _____

Fax number (_____) _____ Contact Person for Fax: _____