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SPORTS LEAGUE SUPPLEMENT

Note: The General Recreation application must be completed and returned with this form. A chronological schedule of all activities must be listed, including a full description of all activities and the location layout.

General Information

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Sports League Information

1. What kind of sport(s) is/are to be covered? _____

2. Please provide a daily schedule for each camp session, noting variations for age groups, etc.
3. Provide any advertising or promotional literature and photos of the camp facilities.
4. Are any of your activities contracted by other entities or organizations? Yes No
If yes, please list:
5. Name: _____
6. Address: _____
7. Phone: _____
8. What is the minimum age of full instructors/coaches? _____
9. The coach's or instructors' experience and training are of extreme importance. Please explain your staff selection requirements, minimum training requirements, on going training, first aid or safety certification requirements, and any other important criteria.

10. List water front personnel's minimum requirements and certifications (if used): _____

11. Are any activities non-controlled or un-supervised? Yes No
If yes, please explain: _____

12. Are you a member of any professional organizations? If so, please list them: _____

13. Are helmets or other safety equipment required for each participant? Yes No
If no, explain: _____

14. Is a face shield required for youth? Yes No
If no, explain: _____

15. Provide basic session(s) information as indicated.

NUMBER OF TEAMS	PLAYERS AGE GROUP	NUMBER OF PLAYERS PER TEAM	NUMBER OF PRACTICE DAYS	NUMBER OF GAMES (INCLUDING PLAYOFFS)

16. Describe all other activities: _____

Print Name

Signature