

CANADIAN PARENTS FOR FRENCH
176 Gloucester Street, Suite 310
Ottawa, ON K2P 0A6

TO: CPF – Cathy Stone Fax No. (613) 230-5940 Email cstone@cpf.ca

FROM: CPF _____ (Branch/chapter)

Name of CPF contact: _____

Tel: _____ Fax: _____

DATE: _____

RE: REQUEST FOR CERTIFICATE OF INSURANCE

CERTIFICATE TO BE ISSUED TO:

School Board Office – District of Mystery Lake

ADDRESS: _____

Street & No.

_____(PCODE) _____

City, Prov

CONTACT PERSON: _____

CONTACT PHONE _____ FAX: _____

Additional Insured (if required): _____

REASON FOR REQUEST: _____

ON: _____

DATE(S)

AT: _____

TIME(S)

LOCATION OF EVENT: _____

ADDRESS: _____

Street & No.

_____(PCODE) _____

City, Prov

DATE CERTIFICATE REQUIRED: _____

The official certificate will follow by email.