

California Garden Clubs, Inc.

CERTIFICATE REQUEST FORM

Allow three weeks processing time

This form is computer fillable. Save before printing. If writing, **PRINT** clearly.

1. Your Contact Info	rmation		
Your Club Name		District Title	
Your Name			
Your/Club Address			
Your Phone	Email		
☐ Meeting - How of☐ Other, describe:_Event Date(s)	☐ Plant Sale ☐ Garden Touten?Set-up date	Clean-up date	
3. Maximum number	of attendees at any one endees at one time, request addition	time # onal form.	
☐ Certificate of Instantial Certificate☐ Additional Insur☐ Landlord,☐ Government	or Additional Insured Resurance (Proof of Insurance) ed Requested Indicate the interest of Venue Manager or Owner of Venue Ent/agency permit scribe in detail:	est of the Additional Insured. unding source (grant) /ork done on behalf of cert holder	
•	ail copy of written contract/facility ι al wording required by the organiza	•	
<u>Verify</u> information to avo	This is the person or organization id a reissue fee. Certificate will be is	ssued based on information provided	
Address:			
Attn:	Rush	Date, if requested	
Phone:	Email:		
	essing Fee Payable to: Co	CONTRACTOR OF THE PARTY OF THE	
	ida Buena Suerte ente, CA 92672	McDaniel Insurance Services LLC	

Do not staple checks.

Documents may be emailed.