

Southern Alberta Sport Therapy Services (SASTS) – Event Coverage Request

Organization/Team: _____

Event: _____ Age of Participants: _____

Date(s) Coverage Required: _____

Location: _____

Competition Level: Local Provincial National International

Does your event have “event insurance”? Yes No

Will the event provide medical supplies? Yes No, we require SASTS to bring supplies.

Contact Person(s): _____

Email: _____ Phone Number: _____

**** Please return form to SAsportcoverage@gmail.com ****