



# World Ring Sports Association



## Request for Public Liability / Member to Member Tournament Cover

<b>Tournament Date</b>	
<b>Venue Address</b>	
<b>Instructor Name</b>	
<b>Club Address</b>	
<b>Email address</b>	

**Please send form 7 days prior to the show to enable cover**

**Email completed form to [wrsa@btconnect.com](mailto:wrsa@btconnect.com)  
or fax to 0800 988 7945**