

Team America Insurance Form

This form should be used by Team America entrants who need evidence of insurance coverage for their launch site owners or sponsors. Please complete all information shown below. Upon acceptance at NAR HQ, your Team America launch site owner(s) will listed as an additional insured organization. You will receive evidence of this insurance coverage by US Mail.

Please mail two copies of this form, together with check, money order, or credit card information to:

NAR Headquarters
PO Box 407
Marion, IA 52302

Team America Participant Information

School Name: _____

Sponsoring Teacher: _____

Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____ - _____ Email Address: _____

NAR Members on Team: (list at least four, including teacher):

Name/NAR#: _____ Name/NAR#: _____

Name/NAR#: _____ Name/NAR#: _____

Name/NAR#: _____ Name/NAR#: _____

Name/NAR#: _____ Name/NAR#: _____

Name/NAR#: _____ Name/NAR#: _____

Additional Insured Site Information

(If you wish to cover more sites, please include their information on a separate sheet.)

Site Owner Name: _____
(e.g. "Riverdale School District")

Launch Site Name: _____
(e.g. "Riverdale Athletic Field", "Riverside Park", etc.)

Site Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____ - _____

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The signature below certifies that those persons listed above, as members constitute the complete membership of the named Team America Team, and that all are either members of the National Association of Rocketry or have applied for such membership. By payment hereby enclosed, it is understood that the Team America Team shall be chartered by the NAR, as defined by NAR policy, and as such is entitled to all privileges and benefits. It is further understood that the Team America Team shall operate in accordance with the NAR Safety Codes and Bylaws as applicable, and that additional members will be reported as soon as possible.

Sponsoring Teacher: _____ Date: _____

Payment Information

Team America Insurance Fee: \$15.00 per site listed above.

Check / Money Order Enclosed

Visa Master Card

Account number: _____

Expiration Date (MM/YY): _____ / _____

Name on card: _____