



# **NJB INSURANCE**

## **Request / Change Form**

OFFICE: 408.260-0100

FAX: 408.260-0112

ATTN: Jeanette

**Silicon Valley NJB Summer League** (CIRCLE ONE) **REQUEST / CHANGE**  
**June 24th thru August 24th, 2013**

<b>DATE:</b>	<b>DATE ORDERED BY NJB:</b>	<b>DATE RECEIVED BY NJB:</b>
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<b>School / Facility:</b>	<b>SCHOOL DISTRICT:</b>
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<b>ADDRESS:</b>	<b>ADDRESS:</b>
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<b>CITY</b> <b>STATE</b> <b>ZIP</b>	<b>CITY</b> <b>STATE</b> <b>ZIP</b>
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<b>CONTACT:</b>	<b>Coach:</b>
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<b>CONTACT PHONE:</b>	<b>CONTACT PHONE:</b>
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<b>CONTACT FAX:</b>	<b>CONTACT FAX:</b>
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<b>NOTES:</b>
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<b>Comments:</b> *Teams are responsible for securing practice facilities and all associated fees.
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