



# MINISTRY PACIFIC

## Camp & Retreat Insurance Certificate Request

Church/Organization Name

Camp Name and Address

Church/Organization Address

List of Activities

Contact Name

Contact Phone

Additional Insured Endorsement Requested?

Contact Email

Camp/Retreat Title (*for example, First Lutheran Kids Camp*)

Any specific insurance requirements or requests being asked for?

Ages of attendees

Number of Attendees (approximate)

*Please send to  
service@ministrypacific.com and  
allow 72 hours for completion. Thank  
you!*

Number of volunteers/staff  
(approximate)

Camp or retreat dates