



NACDA CAMP/CLINIC INSURANCE

Quotation Request for 2008-09

Complete the following information and fax or email to Kris Orton:

801-412-2625

kris@summitamerica-ins.com

School Name: _____

Camp Name: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____ Email: _____

Type of Camp*	Dates	# Days	Day	Resident	Est. # Participants
Example Soccer Camp	6/1/07-6/5/07	5	X		50

(Attach additional sheet if necessary)

*** If you have Football camps, please note if they are contact or non-contact.**

**Summit America Insurance Services
2180 South 1300 East, Suite 520
Salt Lake City, UT 84106**