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**YAP Indemnity Letter Request Form**

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| **Your full name** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Membership/insurance cover start and expiry date** |  |
| **Full name and address of the venue/organisation/business requesting to be indemnified** |  |
| **Your relationship to the party requesting to be indemnified** |  |