



Application for Out-Of-Province Box & Field Teams Attending
OLA Invitational Tournament/Exhibition Event Games

Date: _____ Association: _____

Division/Level: _____

Team Name: _____ Team Contact: _____

Phone: Home: _____ Cell: _____ Work: _____

E-Mail: _____

EVENT INFORMATION

Name of Tournament/Event: _____

Dates of Tournament/Event: _____

Location of Tournament/Event: _____

Name of Host Organization: _____

Contact: _____ E-Mail Address: _____

Phone Number: _____

I hereby state the above-mentioned team will abide by the conditions set forth by the Ontario Lacrosse Association.

Team Representative

Date of Request: _____

Print Name: _____ Signature: _____

Club/Association President(s) Approval

Date: _____ Name of Association _____

Print Name: _____

Signature