



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

Canadian-Based Teams

To be approved for participation in the event this application must be accompanied by the following documents

- Letter of permission from Provincial Governing Body (CLA Member Association)
- Letter or Email from the Invitational Tournament / Event Convenor confirming application
- Declaration from participating team acknowledging competition occurs under OLA playing and equipment rules; Players are properly registered with their teams
- Proof of \$5,000,000 liability insurance coverage

United States-Based Teams

To be approved for participation in the event this application must be accompanied by the following documents

- Letter of permission from local governing body
- Letter or Email from the Invitational Tournament / Event Convenor confirming application
- Declaration from participating team acknowledging competition occurs under OLA playing and equipment rules; Players are properly registered with their teams
- Proof of \$5,000,000 liability insurance coverage
- Proof of individual player insurance coverage

OLA Rules:

<http://ontariolacrosse.com/content/2017%20OLA%20CONSTITUTION1.pdf>

Box rules:

https://secure.pointstreaksites.com/files/uploaded_documents/2253/2015_BOX_rule_&_situation_handbook_FINAL_-_Website.pdf

Men's Field rules:

https://secure.pointstreaksites.com/files/uploaded_documents/2253/2015_CLA_MF_Rulebook_-_FINAL_-_Website.pdf

Women's Field rules:

http://filacrosse.com/wp-content/themes/sportedge/downloads/FIL_WomensRuleBook-2016ONLINE_Aug29.pdf

All required documents for submission must be sent no less than 45 days prior to the start of the event to the following contacts:

Marion Ladouceur president@ontariolacrosse.com

cc: **For Box:** Laurie Hansen vpminor@ontariolacrosse.com

cc: **For Field:** Joe Hiltz vpfield@ontariolacrosse.com



**Application for Out-Of-Province Box & Field Teams Attending
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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