



# ARENA CONDITION REPORT

ONTARIO LACROSSE ASSOCIATION  
3 Concorde Gate #306  
North York, ON  
M3C 3N7

<b>LEAGUE</b>	<input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Junior/Senior
<b>LEVEL OF PLAY</b>	<input type="checkbox"/> TYKE <input type="checkbox"/> NOV <input type="checkbox"/> PW <input type="checkbox"/> BAN <input type="checkbox"/> MID <input type="checkbox"/> INT <input type="checkbox"/> JrC <input type="checkbox"/> JrB <input type="checkbox"/> JrA <input type="checkbox"/> SrB <input type="checkbox"/> MSL <input type="checkbox"/> OSWBLL
<b>CATEGORY</b>	<input type="checkbox"/> Houseleague <input type="checkbox"/> Competitive/Rep <input type="checkbox"/> N/A
<b>GAME TYPE</b>	<input type="checkbox"/> Exhibition <input type="checkbox"/> Regular Season/Zone Game <input type="checkbox"/> Playoff <input type="checkbox"/> Tournament

<b>ARENA NAME</b>		<b>ARENA LOCATION</b>	
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<b>DATE OF GAME (YY/MM/DD)</b>		<b>SCHEDULED GAME TIME</b>	
<b>HOME TEAM</b>		<b>VISITING TEAM</b>	
<b>REFEREE 1</b>		<b>REFEREE 2</b>	

<b>IDENTIFY WHICH OF THE FOLLOWING REQUIRE REPORTING</b>			
<input type="checkbox"/> Change Room Facilities	<input type="checkbox"/> Arena Construction	<input type="checkbox"/> Game Equipment	<input type="checkbox"/> Minor Officials
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____

**IN THE SPACE BELOW, PLEASE PROVIDE DETAILS ABOUT THE ISSUE ENCOUNTERED**

<b>WAS THE ARENA STAFF NOTIFIED OF THE ISSUE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WAS THE HOME TEAM NOTIFIED OF THE ISSUE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WAS THE GAME DELAYED BECAUSE OF THE ISSUE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WAS ANYONE INJURED AS A RESULT OF THE ISSUE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>VERBAL REPORT MADE TO</b>		<b>DATE (YY/MM/DD)</b>	
<b>REPORT COMPLETED BY</b>		<b>DATE (YY/MM/DD)</b>	
<b>SIGNATURE</b>			