**ONTARIO LACROSSE ASSOCIATION APPLICATION TO TRAVEL FORM (2023)**  
For travel to a tournament outside the Province of Ontario or Country of Canada

**SECTION A – TEAM INFORMATION**

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| Club Name: | Akwesasne | Sector: | Box |
| Club Division: | Paperweight | Team Number: | 1 |
| Departure Date: | Click or tap here to enter text. | Return Date: | Click or tap here to enter text. |

**SECTION B – HOST TOURNAMENT / EVENT INFORMATION**

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| Name of Host Club / Organization: | Click or tap here to enter text. |
| Name of Host Contact Person: | Click or tap here to enter text. |
| Phone Number of Host Contact Person: | Click or tap here to enter text. |
| Email Address of Host Contact Person: | Click or tap here to enter text. |
|  |  |
| Date(s) of Event: | Click or tap here to enter text. |
| City, Territory and Country of Event: | Click or tap here to enter text. |
| Permitted Team Types (club, select, rec, etc.): | Click or tap here to enter text. |

**SECTION C – TEAM PERSONNEL INFORMATION**

|  |  |
| --- | --- |
| *Note: The team, and all staff, must be duly registered with the Ontario Lacrosse Association in the year in which the travel is scheduled to occur.* | |
|  | |
| Head Coach’s Name and Phone Number: | Click or tap here to enter text. |
| Head Coach’s Complete Home Address: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  |  |
| Manager’s Name and Phone Number: | Click or tap here to enter text. |
| Manager’s Complete Home Address: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  |  |
| Name(s) of Team Chaperones (if applicable): | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |

**SECTION D – MEMBER INFORMATION**

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| *By authorizing this application form, the applicant hereby acknowledges the jurisdiction of LC, OLA and applicable leagues/associations during the time-period stated on this form, regarding the rules and expectations for representative travel to competitions. Furthermore, the applicant agrees to abide by the published rules of these organizations, as well as the competition rules of the host organization and all laws of that jurisdiction. For travel outside of Ontario, the applicant certifies that excess medical coverage (Travel Insurance) and liability insurance for the travelling team has been arranged. A copy of the Travel Insurance Policy must be attached to this form prior to receiving OLA approval.* | |
|  | |
| Name of Team’s Association President: | Click or tap here to enter text. |
| (attach email signature to this form) |  |
|  |  |
| Name of Zone Director / League President: | Click or tap here to enter text. |
| (attach email signature to this form) |  |
|  |  |
| Approval of Appropriate Sector OLA VP: | Click or tap here to enter text. |
| (attach email signature to this form) |  |

*Section D continues on the following page. Using the roster chart, all athletes and team members who are travelling must be listed. The athletes list must include only properly registered OLA members in the current season who belong to the requesting club by registration.*

**SECTION D – MEMBER INFORMATION**

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| **PLAYER NAME** | **PLAYER NAME** |
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| **TEAM STAFF POSITION** | **NAME** |
| **Head Coach** | Click or tap here to enter text. |
| **Assistant Coach** | Click or tap here to enter text. |
| **Assistant Coach** | Click or tap here to enter text. |
| **Assistant Coach** | Click or tap here to enter text. |
| **Trainer** | Click or tap here to enter text. |
| **Manager** | Click or tap here to enter text. |

**SECTION E – SUBMISSION & OLA AUTHORIZATION**

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| *Only those forms which are fully completed will be considered for OLA authorization. A completed form uses all applicable fields and is submitted, along with an attached copy of the team’s travel insurance certificate, to* [*peter@ontariolacrosse.com*](mailto:peter@ontariolacrosse.com) *no less than ten (10) business days prior to the departure date. Submissions of less than ten (10) business days prior to travel will not be considered.*  **FOR OLA OFFICE USE:**  *The Ontario Lacrosse Association hereby grants travel permission to the named team and players (above) during the given dates (above).* | |
|  | |
| Ontario Lacrosse Association Representative: | Click or tap here to enter text. |
| Signature: |  |
| Date: | Click or tap here to enter text. |