**THE ONTARIO LACROSSE ASSOCIATION APPLICATION TO TRAVEL FORM**
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: |  | Return Date: |  |

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

|  |  |
| --- | --- |
| Name of Host Club / Organization: |  |
| Name of Host Contact Person: |  |
| Phone Number of Host Contact Person: |  |
| Email Address of Host Contact Person: |  |
|  |  |
| Type of Event (box, field, women’s field): |  |
| Date(s) of Event: |  |
| City, Territory and Country of Event: |  |
| Permitted Team Types (club, select, rec, etc.): |  |

**SECTION C – TEAM PERSONNEL INFORMATION**

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| *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.* |
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| Head Coach’s Name and Phone Number: |  |
| Head Coach’s Complete Home Address: |  |
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|  |  |
| Manager’s Name and Phone Number: |  |
| Manager’s Complete Home Address: |  |
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|  |  |
| Names of Team Chaperones (if applicable): |  |
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**SECTION D – MEMBER INFORMATION**

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| *By authorizing this application form, the applicant hereby acknowledges the jurisdiction of the CLA, 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: |  |
| (attach email signature to this form) |  |
|  |  |
| Name of Zone Director / League President: |  |
| (attach email signature to this form) |  |
|  |  |
| Approval of Appropriate Sector OLA VP: |  |
| (attach email signature to this form) |  |

**SECTION E – OLA AUTHORIZATION**

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| *The Ontario Lacrosse Association hereby grants travel permission to the named team (above) during the given dates (above).*  |
|  |
| Ontario Lacrosse Association: |  |
| Signature: |  |
| Date: |  |