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:

Print Name:

Name of Association

*Signature*