



<Date>

Application For:

Ontario Women's Box Lacrosse League

<PUT YOUR CLUB NAME HERE>

To the OWBLL:

PUT YOUR
LOGO HERE

Please accept this application for our entrance into your league. Find below our association/team information. We look forward to joining your organization.

List of Association Executive/ Team Contacts:

President /Team Manager/Main Contact:

NAME
ADDRESS
PHONE NUMBER
E-MAIL

Coach:

NAME
ADDRESS
PHONE NUMBER
E-MAIL

Treasurer:

NAME
ADDRESS
PHONE NUMBER
E-MAIL

Registrar

NAME
ADDRESS
PHONE NUMBER
E-MAIL

Secretary:

NAME
ADDRESS
PHONE NUMBER
E-MAIL

Scope of Lacrosse Operations:

List the program(s) you will offer

Ontario Women's Box Lacrosse House League
Ontario Women's Box Lacrosse Team - Rep
Masters House League
Masters - Rep
Stick Check House League
Stick Check - Rep

Profile of the Association:

Association mandate/objectives:

- Association Constitution & Bylaws (if available)
- Proposed Association name:
- Proposed uniform colours
- logos
- proposed incorporation status
- facility/venue information (arena names and addresses)
- Association residential municipal boundary (description and/or map)

List of known players:

List players you will add to your rep team roster

Detailed Operating Budget:

Current or projected operating budget if available

Partnership Support:

Include any letters of support from:
Other OLA Associations
Municipal recreation departments/boards
Local sport(s) Associations
Private sector and/or service club sponsors

Bond:

Please include your \$100 bond cheque with your application
Please make your cheque out to "Ontario Women's Box Lacrosse League"