<Date>

PUT YOUR LOGO HERE

 Application For:

**Ontario Women’s Box Lacrosse League**

<PUT YOUR CLUB NAME HERE>

To the OWBLL:

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”*