

Application for Field Lacrosse Tournament Sanctioning

PROPOSED DATES:					# of Voors Downings			
				# of Years Running:				
	CACT INFORMA	TION						
Host Convener Name: Phone: Home			Cell		E-Mail Address:			
Address:			City:	PC:				
	ation President's							
AGE I	DIVISIONS/TIEI	RS/# OF	ANTICIPATEI	TEAMS PAI	RTICIPATING			
			Anticipated				Anticipated	
			# of teams				# of teams	
✓	Age Division(S)	Tier(s)	participating	✓	Age Division(s)	Tier(s)	participating	
	YOUTH FIELD				Masters			
	U18				Senior Men's			
	U15				Senior Women's			
	U13				WomFld U19			
	U11				WomFld U15			
	U9				WomFld U12			
	U7				WomFld U8			
	U5				1 1101111111111111111111111111111111111			
_								
•	ı expect teams fr			ŭ		NO		
					ment Host's respons			
	traveling hold curr and team personne		llion liability insu	ance coverage a	nd have travel medi	cal insure	ance coverage for a	
	(S): Please design		Fields to be used					
		ute muni	Tierus to se useu		ion.			
Main Field Name:				Location: Location:				
Field Name:				Location:				
	• •	_	` .	-	ion of your plans f d, ambulance, com		•	
	irnaments are recorate two weeks	_			and Tournament	Commis	sioner to the Fiel	
Date:			Association President's Signature:					
Date:			Host Conve	ier's Signature	e :			

Lacrosse Association; and that all participating coaches, trainers and officials are properly certified.

Application must be received 60 days prior to event to guarantee consideration.