READY TO APPLY?

By submitting an application to host, you make known to US Lacrosse that you and your US Lacrosse chapter are committed to helping US Lacrosse bring the unique experience of a U.S. Women's National Team Clinic to your region.

Selections will be made based on the criteria found on the first page of the application.

Please mail completed application packet (4 pages) to:

Stacie Wentz
US Lacrosse
113 W. University Parkway
Baltimore, MD 21210
Fax: 410.366.6735
Phone: 410.235.6882 x143

U.S. Women's National Team Clinic
2012-2013 Host Application Form

Hosting Application Process/Timeline:

August 1, 2012	Clinic hosting applications made available.
September 21, 2012	Postmark deadline for sending completed **Women's Clinic** applications.
September 28, 2012	**Women's Clinic** Hosts selected, communication begins with host groups, and site confirmation begins.
October 5, 2012	**Women's Clinic** Hosting Contract signed and returned (see Appendix D).
October 12, 2012	Formal announcement of **Women's Clinic** sites made, **Women's Clinic** online registration available through www.uslacrosse.org, and materials generated for publicity. (*December clinics will open prior to December 4th).*
October 12, 2012	**Women's Clinic** clinicians assigned to clinics; bios sent to hosts.

Eligibility Requirements/Selection Criteria:

Please note that applying to host does not guarantee your selection as a site for this cycle.

US Lacrosse selects sites based on the following criteria:

- Geographic diversity
- Areas of high concentration of youth and high school level players
- Emerging lacrosse communities in need of player training
- Proven ability of the applicant and group represented to support, organize, and promote large US Lacrosse events
- Ability to reach players from many different programs
- Preference goes to US Lacrosse chapters
- Hosts must demonstrate the ability to reach a minimum audience for participation of no less than 50 players, per training. Those attending the clinic must be US Lacrosse members.
- *Please note that the cost for attending this clinic is $60 per registrant. US Lacrosse membership is required at this clinic. For details, see the Hosting Information Handbook.*

Host Application Requirements:

- Host applicant must communicate with their local chapter of US Lacrosse before submitting an application. This will ensure that both organizations are not submitting an application and that the chapter is supportive and willing to provide help with promotion.
- Applicants are encouraged to become current members of US Lacrosse (apply online or contact the Member Services Center at membership@uslacrosse.org or 410.235.6882).
- **Applicant MUST have read the Hosting Information Handbook and understand the responsibilities of hosting a National Team clinic.**
- Application must be completed in its entirety by stated deadline. *Please note that some information required on this application may take some time to obtain. Please give yourself adequate time to be able to complete the application accurately.*

U.S. Women's National Team Clinic
2012-13 Host Application Form

Host Applicant Information (all information is required):

Applicant name: _____

Mr./Ms./Mrs. **First** **Last**

US Lacrosse Chapter/Organization Hosting Clinic: _ _____

Shipping address of applicant: _____

_____

Home Phone:_____ **Work Phone:** _____

Cell Phone: _____ **Fax:**_____

E-mail address: _____

Chapter Contact Person and Cell number: _____

Current US Lacrosse membership number: _____

_____

What is your relationship/position with the chapter/host?

_____

Will you be the Hosting Coordinator for the clinic? **Yes** ____ **No** ____
(please see Hosting Coordinator responsibilities)

If no, list the name, address, phone, e-mail and US Lacrosse membership number of hosting coordinator.

Name: _____ **Membership #**_____

Shipping Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

E-mail: _____

Clinic Information (all information is required):

If 'Yes", please select the top three dates by placing the numerals 1, 2 and 3 in the lines next to the dates when you would like this clinic to occur.

___ Saturday, November 10
___ Sunday, November 11
___ Saturday, December 8
___ Sunday, December 9
___ Saturday, December 15
___ Sunday, December 16

___ Saturday, January 5
___ Sunday, January 6
___ Saturday, January 19
___ Sunday, January 20

Please provide preferred start and end times for your clinics, and build registration time into your proposed schedule: _____

_____

Notes or special information about selected dates: _____

_____

Do you know about other lacrosse events or activities in area occurring during the clinic?
Yes___ No_____

If yes, please describe: _____

_____

Please describe any other clinics or other educational opportunities that are available to players in your area. _____

_____

Have you ever hosted a U.S. Team Clinic before? Yes _____ No_____

Site information (all information is required)

Site where clinic will be held ***(please refer to facility guidelines)***

Site Name: _____

Address: _____

Web link to site, if available: _____

Site affiliation (i.e. university, pubic school, for-profit recreational facility, etc): _____

Number of Fields or gyms (if indoors) available: _____

Closest airport? _____
(Site Information continued)

Please indicate the following:

_____ Indoor facility (must have goals) _____ Outdoor facility

Will the fields be grass or turf? _____

Will the field be lined with goals? _____

Inclement Weather site: _____

Address: _____

_____

Is a certificate of insurance required for this site? **(Host: Verify with site contact whether this is required)**
Yes _____ **No** _____

Will you have access to an athletic trainer? **Yes**_____ **No** _____
Will you have access to an AED? Yes _____ **No** _____

Please explain why your chapter wants to host a National Teams Clinic and how this opportunity will benefit the lacrosse community in your region:

Please provide your emergency plan below (including location of hospital and EMS, athletic trainer, and number of AED's onsite):

Please provide information and brief marketing plan of how you will promote the clinic in your local area:

I verify that in submitting this application I have read the National Teams Clinic Hosting Information Handbook. I verify that, should accepted, my organization is able commit to fulfilling the requirements for hosting outlined in this Handbook.

_____

Applicant Name

_____ **Date** _____

Applicant Signature

_____ **Date** _____

Signature On behalf of USL Chapter