



LAREDO 1 Clinic Request Application



Before completing this application please read the cover letter regarding LAREDO 1 Clinics and be sure you understand the commitment involved with hosting one of these clinics. If you have questions before submitting an application, please e-mail officials@uslacrosse.org

Please complete the following form and submit it as an attachment and send to the US Lacrosse’s Officials Education and Training Department at officials@uslacrosse.org

Requests for clinics to be held January - June must be submitted by **November 1**.

Requests for clinics to be held July – December must be submitted by **April 15th**.

Name: _____

Phone(s): _____ (M) _____ (H)

Email Address: _____

Are you part of a local officials’ organization requesting this clinic? Yes No

If yes, what local organization? _____

What is you officiating District? _____

What city would host the clinic? _____

What airport would be most convenient to fly into? _____

What are the dates of the clinic? Start: _____ End: _____

Classroom Component: Identify the level of play your trainees service, check all that apply:

- U11
- U13
- U15
- U17
- U19

On-field Component: Identify the player group your trainees will be focused on for the field component of training:

- U11
- U13
- U15
- U17
- U19

Additional Comments on Classroom Component and On-field Component:



Trainee Experience: Identify the description that best describes the majority of the trainees:

- Brand New Youth Officials (Under Age 18)
- Brand New Adult Officials
- Limited Experience Officials working to improve their skills (officiating lacrosse 1-4 years)
- Limited Experience Officials working to improve their rating
- Veteran Experience working to improve their skills (officiating lacrosse 5+ years)
- Veteran Experience working to improve their rating

How many attendees do you anticipate at your clinic? _____

How many need an on-field evaluation for certification? _____

For how many hours will there be play? _____

What is the schedule for games?

In the case of inclement weather:

Would the field portion of your event be canceled? Yes No

Would the classroom portion be canceled Yes No

Is there anything else US Lacrosse should know about the development of your group (e.g. brand new, split off from an established board, high schools started playing lacrosse in the last 5 years, etc.)?

Has your local officials organization held a LAREDO 1 clinic before? Yes No

If yes, when? _____

Who were the clinicians? _____

Was it funded by US Lacrosse? Yes No

Thank you for helping with the growth of lacrosse in your area.

You will receive notification if you have been selected for a developmental clinic within three weeks of the deadlines listed above. If selected you will receive a handbook and contract which will further detail your responsibilities as a host.

