



Building Relationships to Initiate Diversity, Growth and Enrichment

Application for Affiliation

The last day Affiliation Applications will be accepted is Friday, September 4, 2009.

BRIDGE MISSION STATEMENT:

BRIDGE Affiliates provide integrated lacrosse instruction and life skills enrichment to youth from diverse and traditionally underserved populations.

Applicant Category: ___ Elementary/Middle/High School ___ Community Org. ___ Sport Club

Participants: # of ___ Boys Age range: _____
of ___ Girls Age range: _____

Month / Year Program Established: ___/____

Non-Profit (501.c.3 FEIN) if applicable: _____

US Lacrosse local Chapter _____

Go to www.uslacrosse.org/chapters to Connect with your Chapter.

Name of League in which you participate (if applicable): _____

Applicant Name and Title: _____

Social Security Number (for purpose of required background check): _____

Official Organization or Group Name: _____

Mailing Address: _____

Contact Phone #: _____ (FAX#) _____

Email Address: _____ Website (if applicable): _____

Applicant's CURRENT US Lacrosse Membership Number (required): _____

I certify that the enclosed information is accurate and true to the best of my knowledge. I have read and understand the mission, objectives and responsibilities of the BRIDGE Program and BRIDGE Affiliates. I understand and agree to the BRIDGE Affiliate responsibilities listed on the application cover sheet, including that Affiliates are required to complete an annual review. I understand that failure to maintain my Affiliate requirements will result in a loss of BRIDGE privileges.

Print Name: _____

Signed: _____

Date: _____



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Please answer the following questions, in order, on additional pages:

1. Why do you want to be a BRIDGE Affiliate?
2. What is your mission statement and purpose?
3. Please describe your program including:
 - * History and development
 - * Description of participants
 - * Dates of program cycle
 - * Description of lacrosse instruction and enrichment:
4. Please describe the community in which your program is located; describe/list your collaborations and partnerships between your organization and your community; describe the population from which you draw your participants.
5. The BRIDGE Program is Building Relationships to Initiate Diversity, Growth and Enrichment. How does your enrichment component build relationships and address the needs of your community?
6. What is your organization's budget? (Refer to the attached grid for guidance; you may attach a separate sheet). How do you / will you meet these costs?
7. Please list all key program volunteers and staff members (coordinators, coaches, board members, etc.), including their qualifications relevant to their role, and contact information; please list numbers of volunteers, coaches and staff (including paid, unpaid, part-time and full-time).

******PLEASE NOTE: the applicant listed herein understands and agrees that US Lacrosse will conduct a comprehensive background check on the applicant at no cost to the applicant, and the applicant must clear this check for affiliation status to be considered. Additionally, documentation that background checks (at a *minimum* of state level certifications) have been conducted for each person in your organization is required prior to the distribution of any Affiliate benefits, provided your application is approved. *******

Please attach two (2) one-page letters of recommendation/support for your program. One letter should be from a leader within the organization, such as a principal, athletic director, coach, parent, program director or club president, and the second from a community member outside the applicant group such as a community leader, sponsor, foundation official, US Lacrosse Chapter or local league representative. These must be submitted in original form, with original signatures (copies are not accepted) NO LATER THAN 9/4/09.



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Please direct all questions and requests for further information to:
Mary Cate Slay, Manager of Youth Development at
mslay@uslacrosse.org / 410.235.6882 ext. 149

Please send completed applications by postal mail to:
Mary Cate Slay / BRIDGE Program / US Lacrosse 113 West University Pkwy, Baltimore, MD 21210
and if possible ALSO by e-mail, to mslay@uslacrosse.org

WE ENCOURAGE YOU TO SUBMIT YOUR APPLICATION WHEN IT IS COMPLETE.
APPLICATIONS WILL NOT BE ACCEPTED AFTER 9/4/09 FOR THE 2010 CYCLE.
NOTIFICATION OF AFFILIATE STATUS WILL OCCUR ON OR BY 12/1/09.
Benefits do not begin until January 2010 *and* all required paperwork is received by USL.



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Please use this grid as a guide for your budget submission:

Program Components	Estimated Cost to Organization	Program Components	Estimated Cost to Organization
<p>Uniforms</p> <ul style="list-style-type: none"> - Jerseys - Shorts / Kilts - Footwear (cleats) - Equipment (helmets, padding, eyewear, etc). - Goals / nets 		<p>Officials</p> <ul style="list-style-type: none"> - Training - Game Fees 	
<p>Team Needs</p> <ul style="list-style-type: none"> - Field Rental / Lining - Game horn, clock, score pad - Whistles - Cones - Ice Packs - First Aid kit - League Dues 		<p>Transportation</p>	
<p>Participant / Program Insurance</p> <p>(Costs for player personal liability, program and administrative liability and insurance. USL Membership insurance and board insurance packages are recommended to meet some of these needs).</p>		<p>Enrichment Activities</p> <ul style="list-style-type: none"> - Curriculum materials - Snacks / beverages - Field Trips - Guest Speakers - Other 	
<p>Administration</p> <ul style="list-style-type: none"> - Support staff - Flyers, mailings - Other (website, phone line) 		<p>Other</p> <ul style="list-style-type: none"> - Year End Banquet - Awards - Additional (warm ups, bags, etc). 	
<p>Coaches</p> <ul style="list-style-type: none"> - Training - Stipends (if applicable) 			



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