



**Building Relationships to Initiate Diversity, Growth and Enrichment**  
**Application for Affiliation**

The last day Affiliation Applications will be accepted is Friday, September 5, 2008.

**BRIDGE INITIATIVE MISSION STATEMENT:**

**The BRIDGE Initiative provides 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: \_\_\_\_\_

Are you aware of your local US Lacrosse Chapter name and contact information?

Go to [www.uslacrosse.org/chapters](http://www.uslacrosse.org/chapters) to Connect with your Chapter or call US Lacrosse Sport Development at (410) 235-6882 ext. 149.

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

Applicant  
Name and Title: \_\_\_\_\_

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

School/Organization/Club 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 Initiative 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 a Youth Council BRIDGE Committee 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 Initiative 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 9/5/08.



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**Please direct all questions and requests for further information to:**  
**Mary Cate Slay, Youth Development Coordinator at**  
[mslay@uslacrosse.org](mailto:mslay@uslacrosse.org) / 410.235.6882 ext. 149

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

**WE ENCOURAGE YOU TO SUBMIT YOUR APPLICATION WHEN IT IS COMPLETE.**  
**APPLICATIONS WILL NOT BE ACCEPTED AFTER 9/7/07 FOR THE 2009 CYCLE.**  
**NOTIFICATION OF AFFILIATE STATUS WILL OCCUR ON OR BY 12/1/08.**  
**Benefits do not begin until January 2009 and all required paperwork is received by USL.**



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

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