



# 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 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 (3 pages) to:

Stacie Wentz  
Women's Division Associate  
US Lacrosse  
113 W. University Parkway  
Baltimore, MD 21210  
Fax: 410.366.6735  
Phone: 410.235.6882 x143



## Women's National Team Clinic

Fall 2006, Early Winter 2007 Host Application Form

### Hosting Application Process/Timeline:

<u>October 10, 2006</u>	Clinic hosting applications available.
<u>October 30, 2006</u>	Postmark deadline for sending completed applications. Applications reviewed by Women's National Teams Committee and USL Staff.
<u>November 5, 2006</u>	Hosts selected, communication begins with host groups, site confirmation begins.
<u>November 15, 2006</u>	All clinic sites confirmed and final dates set.
<u>December 1, 2006</u>	<b>Hosting Contract</b> signed and returned.
<u>December 10, 2006</u>	Clinicians assigned to clinics, bios sent to hosts.
<u>December 15, 2006</u>	Online registration available through <a href="http://www.uslacrosse.org">www.uslacrosse.org</a> , formal announcement of sites made, materials generated for publicity.

### Eligibility Requirements/Selection Criteria:

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

US Lacrosse selects sites based on:

- Geographic diversity
- Areas of high concentration of youth and high school level players
- Emerging lacrosse communities in need of clinic training
- Proven ability of the applicant and group represented to support, organize, and promote large 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. For example, it is suggested that participation be open to a wider audience than just an individual team, etc. Those attending the clinic must be US Lacrosse members.
- *Please note that the cost for attending this clinic in winter 2007 is \$45 per registrant. US Lacrosse membership is required at this clinic. For details, see the Hosting Information Handbook.*

### Host Application Requirements:

- Host applicant must represent a chapter of US Lacrosse.
- Applicant must be a current member of US Lacrosse (apply online or contact the Member Services Center at [membership@uslacrosse.org](mailto:membership@uslacrosse.org) or 410.235.6882).
- **Applicant MUST have read the Hosting Information Handbook and understand the responsibilities of hosting a Women's National Team clinic.**
- Application must be completed in its entirety. *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.*

**Please mail completed application packet (3 pages) to:**

**Stacie Wentz, Women's Division Associate  
US Lacrosse**

**113 W. University Parkway  
Baltimore, Maryland 21210**

**Fax: 410.366.6735**

**Questions: [womensdivision@uslacrosse.org](mailto:womensdivision@uslacrosse.org) or 410-235-6882, ext. 143**



**U.S. Women's National Team Clinic**  
2006-2007 Host Application Form

***Host Applicant Information (all information is required):***

Applicant name: Ms./ Mrs./Mr.    First \_\_\_\_\_ Last \_\_\_\_\_

US Lacrosse Chapter Co-Hosting Clinic: \_\_\_\_\_

Shipping address of applicant: \_\_\_\_\_

Phone (home and work): \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name for Chapter Contact: \_\_\_\_\_

1. Please provide your current US Lacrosse membership number: \_\_\_\_\_ *(please register online at [www.uslacrosse.org](http://www.uslacrosse.org) before submitting this application if not already a member)*

2. What is your relationship/position with the chapter/host? \_\_\_\_\_

3. Will you be the Hosting Coordinator for the clinic?    Yes\_\_\_ No\_\_\_  
*(please see Hosting Coordinator responsibilities)*

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

Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Would you be interested in hosting a US Lacrosse Umpires and/or Level 1 Coaching clinic?

\_\_\_\_\_ Umpire clinic      \_\_\_\_\_ Level 1 Coaching Clinic      \_\_\_\_\_ Both

(If interested, the Women's Division will forward your request to our Sport Development Department to see if there is an opportunity to host an officials/coaching clinic)

***Clinic Information (all information is required):***

6. Please list the top **three** dates **using numerals 1, 2 and 3** in the lines provided when you would like this clinic to occur.

**2007\*-These dates will take first priority due to the large number of current collegiate players on our national teams this year.**

\_\_\_Jan 20 \_\_\_\_\_ Dates in September and October, 2007 you would be  
\_\_\_Jan 21 interested in hosting if the other dates are not available.  
\_\_\_Feb 3  
\_\_\_Feb 4

7. Please provide start and end times for your clinic (if not the typical 9:00 a.m. – 3:00 p.m.), and build registration time into your proposed schedule: \_\_\_\_\_

Notes or special information about selected dates: \_\_\_\_\_  
\_\_\_\_\_

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

Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

9. Please describe any other clinic or other educational opportunities are available in your area for players. \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever hosted a U.S. Team Clinic before? \_\_\_\_\_

***Site information***

A. 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, public school, for-profit recreational facility, etc):

Number of Fields or gyms (if indoors) available? \_\_\_\_\_

Closest airport? \_\_\_\_\_

Please indicate the following:

\_\_\_ Indoor facility \_\_\_ Outdoor facility (please list inclement weather site below)

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 a required) \_\_\_ Yes \_\_\_ No

Will you have access to an athletic trainer? \_\_\_ Yes \_\_\_ No

**Please explain why your chapter wants to host a Women's National Team Clinic and how this opportunity will benefit the lacrosse community in your region:**

I verify that in submitting this application **I have read the Women's National Team 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 \_\_\_\_\_

Applicant Signature \_\_\_\_\_

On behalf of USL Chapter \_\_\_\_\_

Date \_\_\_\_\_