



2005 National Clinic Host Site Application

**FAX or MAIL THIS APPLICATION TO 410-366-6735 BY
SATURDAY, NOVEMBER 6 2004**

If you have any questions, please contact Ann Kitt Carpenetti, Women's Division Director
US Lacrosse, 113 West University Pkwy, Baltimore, MD 21210,
410-235-6882 x117 (p) acarpenetti@uslacrosse.org

Location for Clinic (SITE NAME): _____
Name of Clinic Coordinator (CC) : _____
E-mail Address of CC: _____ Day Ph #: _____ Fax #: _____
Site Address: _____
City: _____ State: _____ Zip Code: _____
Contact number for clinic participants to use for information: _____
Regional US Lacrosse Chapter Co-Hosting Clinic _____
Contact Name for Chapter Contact _____

PAPERWORK MAILING ADDRESS: (if you would like clinic participants to send applications and payments to a separate address please indicate it below)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
FAX: _____ PHONE: _____ E-MAIL: _____
MOST OF THE COMMUNICATION FROM US LACROSSE WILL OCCUR VIA EMAIL.

GENERAL INFORMATION

Dates available for the Clinic (please chose from the dates listed below)

	Sat	Sun
JANUARY	29 th	30 th
FEBRUARY	5 th 12 th	6 th 13 th

Do you want to host a Coaches Clinic in conjunction with the Players clinic? Yes No
Coordinators Name: _____

Will your clinic be held indoors or outside? _____

4. ****It is critical that there be adequate room for the clinicians to set up stations and play small games. Please indicate the number of participants you are expecting to have and can fit in your facility (Try to be accurate in your estimation)** _____

Number of Fields available? _____
Closest airport _____ Train Station? _____
Bus Station _____ Nearby Hotels _____

Is a classroom available for the Coaches Clinic?	Yes	No
IS a TV & VCR available?	Yes	No
Do you have required equipment? (cones, pinnies, rolls of tape, water coolers etc...)	Yes	No
Have you hosted a National Clinic before?	Yes	No

If you did host a clinic before, how would you rate the experience overall?

Based on your participation and experience with previous clinics, please share your thoughts on how the National Clinic program can be improved upon.

Please attach the following:

- 1.) typed directions to the site.
- 2.) names and phone numbers of local hotels.

REGISTRATION FORMS AND CHECKS MUST BE SUBMITTED TO US LACROSSE THE WEEK AFTER THE CLINIC DATE!!!! NO EXCEPTIONS.

****NOTE: When collecting participant applications please do not separate checks from the applications.**

IF SELECTED TO BE A 2005 NATIONAL CLINIC HOST, YOU WILL RECEIVE A CONFIRMATION EMAIL ON OR ABOUT NOVEMBER 19TH. DETAILS REGARDING THE PROMOTION OF YOUR CLINIC WILL FOLLOW.

A .PDF FILE OF THE CLINIC APPLICATION (AND COACHES CLINIC FORM) WILL BE EMAILED TO YOU. THIS FORM WILL ALSO BE AVAILABLE AT WWW.USLACROSSE.ORG WHICH WILL ALLOW INTERESTED PARTICIPANTS TO DOWNLOAD IT THEMSELVES.