



TEAM SASK MANAGER APPLICATION

FIRST NAME:		LAST NAME:	
ASSOCIATION:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:		CELL NUMBER:	
APPLYING FOR BOX OF FIELD:		DIVISION:	

HAVE YOU MANAGED A PROVINCIAL TEAM BEFORE? _____ IF YES WHICH TEAM/TEAMS AND HOW MANY YEARS:

Team	Years Managed

SASKATCHEWAN LACROSSE ASSOCIATION INC.

2205 Victoria Avenue, Regina SK S4P 0S4 | **Ph:** 306.780.9216 | **TF:** 1.844.780.9216 | **Fax:** 306.525.4009
Email: info@sasklacrosse.net | **Www:** sasklacrosse.net | **Facebook:** /SaskLacrosse | **Twitter:** @SaskLacrosse





TOTAL NUMBER OF YEARS MANAGED: _____ . PLEASE OUTLINE BELOW.

TEAM	AGE	ORGANIZATION	YEARS COACHED

Please submit to the Saskatchewan Lacrosse Association Provincial Office via along with Manger resume. As per SLA Policy all successful applicants must pass a criminal record check. Please send all documentation to teamsask@sasklacrosse.net

MANAGERS NAME (PRINT) MANAGERS SIGNATURE DATE

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