



# ALBERTA LACROSSE ASSOCIATION

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## SANCTIONING EVENT PERMIT

**CLUB or ORGANIZATION**

**SUBMISSION DATE**

**ADDRESS**

**CITY**

**POSTAL**

**CONTACT NAME**

**PHONE**

**E-MAIL**

**DISCIPLINE**

**COMPETITION TYPE**

**START DATE**

**END DATE**

BOX

DEVELOPMENT CAMP

FIELD

COACH MENTORSHIP CLINIC

**AGE GROUP**

6U

8U

10U

12U

14U

16U

JUNIOR A

JUNIOR B

TIER 2

TIER 3

SENIOR B

MASTERS

LADIES MASTERS

**FACILITY**

**ADDRESS**

**LEAD INSTRUCTOR NAME**

**CERTIFICATION LEVEL**

**OTHER INSTRUCTORS**

**TRAINER NAME**

**CERTIFICATION LEVEL**

**PLAYER - INSTRUCTOR RATIO**

**PARTICIPANT COST**

**PLEASE ATTACH**

CAMP SCHEDULE

EMERGENCY ACTION PLAN

**STATUS - OFFICE USE ONLY**

**STATUS DATE**

**APPROVED BY**

APPROVED

DENIED