

Doto			
Date			

CLA National Cham	npio	onship Officials	Арр	lication F	or	m		
		nto Cup - Box Lacrosse Jr. A		President's Cup - Box Lacrosse Sr. B				
Founder's Cup - Box Lacrosse Jr. B		mmissioner's Trophy - Box Lacrosse Bantam		EG Dopp Trophy - Box Lacrosse PeeWee				
Ross Cup/Victory Trophy - Sr. Men's Field Fir		rst Nations Trophy - U19 Men's Field		Alumni Cup (Invitational) - U16 Men's Field				
Personal Information								
Name		Member Association						
Address		City		Prov.	Postal Code			
Telephone (Res.)		Telephone (Other)		Fax				
E-mail @		Date of Birth						
Other Information								
Years of experience as a Lacrosse o	fficial	Years						
Attended a current certification clinic		Year Lev		Level		Mark		
Two recent assessments		Please attach forms						
What has this official done for his/her referee association? Up to 3 achievements.								
What has this official done for his/her Member Association (MA)								
What has this official done for Minor, Junior, Senior Lacrosse								
Has this official attended a national event in the past five years and if so when?								
Other experience as an official in oth sports and Leagues.	er							
Applicant Signature		Approved by						
Signature		Title	Name					