



LACROSSE NOVA SCOTIA SANCTION FORM

Date of Request: _____

Sector/Event:
Box Field Gender Club League Team Tourney Clinic Try Lax

Age Category:
U7 U9 U11 U13 U15 U17 U19 JR SR MR

Organization: _____

Venue(s): _____

Event Date(s): _____

Admin Structure:
Board Committee Individual

Primary Contact: _____
Name Phone Number

_____ Mailing Address

_____ Postal Code E-Mail Address

APPROVAL

The above request has been approved. LNS insurance certificate has been issued. All required participant waivers have been provided. Mandatory event plan received and compliance with LNS Return to Lacrosse Plan is confirmed.

LNS PERSONNEL ASSIGNED TO THE EVENT

RIC: _____ Convenor: _____ Clinician: _____

Authorization Signature: _____ Date: _____

LACROSSE NOVA SCOTIA SOCIETY

EVENT BUDGET-If Applicable

Event: _____ Dates: _____

Description: _____

Finances:

Item Description (e.g. Team Fees)	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Income	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Expenses	_____

PRIMARY CONTACT: _____

Please Print Name Clearly

Signature

Date

LACROSSE NOVA SCOTIA SOCIETY

EVENT REPORT-If Applicable

Event: _____ Dates: _____

Report: _____

Finances:

Item Description (e.g. Team Fees)	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Income	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Expenses	_____

PRIMARY CONTACT: _____

Please Print Name Clearly

Signature

Date