



New Team Application – 2013/2014

Welcome to the Arizona Lacrosse League (ALL) and thank you for taking the time to consider joining our league. This questionnaire will help us get to know your organization and determine if there is a fit with ALL. Your application will be reviewed within 7 days of receipt, and you will receive a response from us within 10 days.

Organization

Legal Name: _____ Team Name: _____

Level (check all that apply): 6&U JHS High School JV High School Varsity

Structure: School Not For Profit Regular LLC/Corp Other: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Website: _____ Team History: New Established - If Established, # yrs: _____

Team Colors: _____ Home Jersey Color: _____ Away Jersey Color: _____

| OFFICERS AND KEY CONTACTS | | |
|--|-------|------------|
| Name | Title | Experience |
| Name: Phone: Email: <input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact | | |
| Name: Phone: Email: <input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact | | |
| Name: Phone: Email: <input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact | | |
| Name: Phone: Email: <input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact | | |

| Season Readiness | | Status |
|-------------------------------------|---|--|
| | | If any of the season readiness items are missing or insufficient for your season, please explain your plans for acquiring them before the start of the season. |
| 1. # of Players | ___ With experience ___ Without experience | |
| 2. Do you have game uniforms? | ___ Yes ___ No | |
| 3. Do you have player equipment? | ___ Yes ___ No | |
| 4. Do you have goals? | ___ Yes ___ No | |
| 5. Do you have a practice location? | ___ Yes ___ No | Location(s): |
| 6. Do you have a game location? | ___ Yes ___ No | Location(s): |

| Coaches | | |
|----------------------------|----------------------------|------------|
| Coach (Name, Phone, Email) | Level(s) Expected To Coach | Experience |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Completed By: _____ Date: _____

Mail To: Arizona Lacrosse League
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or email to Info@Arizonalacrosseleague.com