



Lacrosse New Brunswick New Membership Application

Date: _____ Application for: Box _____ Field _____

Name of Organization: _____

Contact Name: _____

Phone: (H): _____ (B): _____ (C): _____

Email: _____ Fax: _____

Address _____

City: _____ Postal Code: _____

Arena Name _____

Proposed Boundaries _____

ANTICIPATED TEAMS FOR FIRST YEAR OF OPERATION (Please circle)

Mini Tyke (Ages 5 – 6)

Tyke (Ages 7 – 8)

Novice (Ages 9 – 10)

PeeWee (Ages 11 – 12)

Bantam (Ages 13 – 14)

Midget (Ages 15 – 16)

BOARD/COMMITTEE CONTACT LIST

Position	Name
President	
Vice President	
Secretary	
Treasurer	
Coach Coordinator	
Head Referee	

The following documents are included:

___ Budget for the first year

___ Constitution and By-Laws (if available)

___ Contact List with Names, Addresses, Phone Numbers and Email Contacts of Executive and Committee Members

Please submit to:

Lacrosse NB – 211 Route 616, Keswick Ridge, N.B. E6L 1R9 (506-440-1227)

Email: chris.gallop@nbed.nb.ca