

Team Application for Admittance to the Rocky Mountain Women's Lacrosse League

College/University: _____

College/University City: _____ State: _____

Contact Information

Name of Primary Contact: _____

Position on Team (Captain, Coach, President, etc.): _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Team Information

Number of years this team has existed: _____ Number of players on roster: _____

Do you have a JV/B/C team(s) (if so, please list): _____

Team Website: _____

Team Email: _____

Does your team hold tryouts: _____

Does your team have a non-playing coach: _____ Name of Coach: _____

Coach's email (if different than contact information): _____

Approximately how many games does your team play each Spring? _____ Fall? _____

Below please write how your team will create an income (dues, fundraising, etc...):
