



Saskatchewan Lacrosse Association



TEAM SASK MANAGER APPLICATION

FIRST NAME:		LAST NAME:	
ASSOCIATION:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:		CELL NUMBER:	
APPLYING FOR BOX OF FIELD:		DIVISION:	

HAVE YOU MANAGED A PROVINCIAL TEAM BEFORE? _____ IF YES WHICH TEAM/TEAMS AND HOW MANY YEARS:

Team	Years Managed





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TOTAL NUMBER OF YEARS MANAGED: _____. PLEASE OUTLINE BELOW.

TEAM	AGE	ORGANIZATION	YEARS COACHED

Please submit to the Saskatchewan Lacrosse Association Provincial Office via along with Manger resume. As per SLA Policy all successful applicants must pass a criminal record check. Please send all documentation to teamsask@sasklacrosse.net

MANAGERS NAME (PRINT)

MANAGERS SIGNATURE

DATE