

EXHIBIT "A"
PROGRAM REQUEST FORM

*Individuals interested in proposing their programs and services must complete and return this form attached to the Letter of Interest. This information will be used for consideration of program proposals. **Use one form per program***

Name of Program: Cartersville Youth Lacrosse Camp

Participant Ages: Fourteen and under or K-8

Day/s of the week program is offered: Monday through Wednesday

Time of Program: 9am – 2:00pm

Program Dates: TBD

Program Fee: \$250.00 per participant

Program Enrollment: Minimum 20 Maximum None

Materials to be supplied by participants: Boys will need to provide their own lacrosse sticks, helmets, mouthguards, shoulder pads, arm pads, gloves, water bottles, and athletic protectors. Girls will need to provide their own lacrosse stocks, protective goggles, mouthguards, water bottles, and gloves (optional).

Materials to be supplied by PROVIDER: Event marketing, lacrosse balls, first aid kits, cones, practice pinnies, water, and treats and prizes.

Materials to be supplied by CITY: Lacrosse goals with nets, field space, and marketing assistance.

Additional Program Requirements: None

PROVIDER ('s) Name: Legion Lacrosse LLC

Address: 1311 Willow Tree Drive, Suite 300

City/State/Zip Code: Woodstock, GA 30188

Phone Number: (Day) 404-689-6622 (Evening) 678-689-5592

(E-mail): jasantapp@legionlax.co (Fax) None

Minimum Requirements:

1,000,000 General Liability Insurance
Letter(s) of Recommendation
Background Check

Office Use Only:

Program Rate: \$ _____

of programs in Session: _____