

**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 Clinic

Participant Ages: Fourteen and under or K-8

Day/s of the week program is offered: Sundays

Time of Program: 1pm-3pm

Program Dates: TBD

Program Fee: \$40.00 per participant

Program Enrollment: Minimum 20 Maximum None

Materials to be supplied by participants: All registrants must bring a bagg water bottle.

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

Materials to be supplied by CITY: Lacrosse goals with nets, lacrosse sticks, 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): [jasontapp@legionlax.co](mailto:jasontapp@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: \_\_\_\_\_