

**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 (powered by Legion)

Participant Ages: Fourteen and under or K-8

Day/s of the week program is offered: Every day

Time of Program: Practices will be held on weekdays at coaches' discretion between 5pm-8pm, Games will be held on Saturdays between 8am and 8pm

Program Dates: Fall Season (Mid-August through Mid-November) Spring Season (Mid-January through Mid-May)

Program Fee: \$250.00 per participant

Program Enrollment: Minimum 18 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: Website, lacrosse balls, game officials, coaches' bags, first aid kits, cones, dry-erase boards, practice pinnies, uniforms (jersey and shorts or skirt), scoreboards, clocks, field paint, and air horns.

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

Additional Program Requirements: Volunteers will be required to coach and assist, provider can offer training.

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 (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: \_\_\_\_\_