



# Development Clinic Request

Name:  Ms.  Mrs.  Mr. \_\_\_\_\_

Country/Organization Name: \_\_\_\_\_

Address: Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone: (+ Country Code) \_\_\_\_\_

Fax: (+ Country Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

What type of clinic would you like to host? *(circle all that apply)*

Players:	Mens	Womens	Adult	Youth
Coaches:	Mens	Womens	Adult	Youth
Officials:	Mens	Womens	Adult	Youth

What level of clinic would you like to host? *(circle all that apply)*

Men's Coaches	Basic	Advanced	Both
Women's Coaches	Basic	Advanced	Both
Men's Officials	Basic	Advanced	Both
Women's Officials	Basic	Advanced	Both
Men's/Boy's Players	Basic	Advanced	Both
Women's/Girl's Players	Basic	Advanced	Both

Have you hosted a clinic previously? Yes No

What type of clinic did you host? *(circle all that apply)*

Men's Coaches	Basic	Advanced	Both
Women's Coaches	Basic	Advanced	Both
Men's Officials	Basic	Advanced	Both
Women's Officials	Basic	Advanced	Both
Men's/Boy's Players	Basic	Advanced	Both
Women's/Girl's Players	Basic	Advanced	Both

Where was your previous clinic held?

City: \_\_\_\_\_

Country: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Where and when would you like to host this clinic?

City: \_\_\_\_\_

Country: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Additional Information:

Email completed form to World Lacrosse: [tbuchanan@worldlacrosse.sport](mailto:tbuchanan@worldlacrosse.sport)