



CENTRE WELLINGTON
RIVERHAWKS

CWMLA Boosts*

Player name: _____

Player's Birth Year: _____

Lacrosse Experience: _____

Please expand upon how this would affect your player **: _____

Name: _____ Signed: _____

Phone: _____ Email: _____

Date: _____

I am applying for: Free Registration Additional Help ***

* Please note that there are a limited number of applicants that will qualify for this grant annually, and that you are still required to pay the \$35 administration fee for registering with CWMLA. Applications will be held in the strictest of confidence, their details will only be disclosed to the Voting Executive if required.

** Examples of how this would affect your player may include: getting active, participation in a team sport, playing with friends, boosting confidence, etc. This should be brief in detail, and does not need to exceed into the margin or onto the back of the page.

*** Additional help looks to cover team fee costs, travel subsidies, and whatever other boost may be need to help the player participate in the season.