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**INVOICE**

**2019 Season OYLA Dues**

Please fill out form and submit with your payment

**Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Contact Name & email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list number of teams and players:

Boys 7/8 Number of Teams\_\_\_\_\_\_\_ Number of Players\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 5/6 Number of Teams\_\_\_\_\_\_\_ Number of Players\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 3/4 Number of Teams\_\_\_\_\_\_\_ Number of Players\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 1/2 Number of Teams\_\_\_\_\_\_\_ Number of Players\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL Number of Teams\_\_\_\_\_\_\_\_ TOTAL Number of Players\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2019 - OYLA DUES ARE AS FOLLOWS:**

 **1 – 49 Total Players = $ 50.00**

 **50-100 Total Players = $ 125.00**

 **Over 100 Players = $ 250.00**

**Total Dues for 2019 Regular Season $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT PAID**

**Make check out to: OYLA or OREGON YOUTH LACROSSE ASSOC.**

**Mail check to: OYLA ( NEW ADDRESS)**

 **c/o Lisa Hockman**

 **7255 SW Alpine Dr**

 **Beaverton, OR 97008**

Please mail check along with Certificate of Insurance for your club.

Initial:

\_\_\_\_\_\_ Our Club (identified above) has requisite insurance coverage for no less than $1,000,000.00 of general liability coverage as evidence by the Certificate of Insurance submitted herewith.

\_\_\_\_\_\_ Our Club’s officials are also properly insured or endorsed with coverage protecting them in their capacity as lacrosse officials.

**You must have your dues check and insurance certificate submitted to OYLA by March 1st.**

You will not be able to schedule games without your forms turned in and dues paid in full.

For any questions, please email lisahockman@comcast.net. Tax ID#36-4651092.