INVOICE

2020 Season OYL 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 (full pads) Number of Teams_____ Number of Players_____

TOTAL Number of Teams_____ TOTAL Number of Players_____

2020 - OYL DUES ARE AS FOLLOWS:

1 – 2 Teams = $ 100.00
3 – 4 Teams = $ 175.00
5 – 9 Teams = $ 250.00
10+ Teams = $ 350.00

Total Dues for 2019 Regular Season $_____

AMOUNT PAID
Make check out to: OREGON YOUTH LACROSSE

Mail check to: Oregon Youth Lacrosse (No Longer OYLA)
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 and have been trained by OYL at one of our clinics.

You must have your dues check and insurance certificate submitted to OYL by March 10th.
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#83-2771715. Non-Profit