

**INVOICE**

**2021 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 and what division if known: (Premier, D1, D2, D3)

Boys 7/8 # of Teams\_\_\_\_\_\_ # of Players\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 5/6 # of Teams\_\_\_\_\_\_ # of Players\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 3/4 # of Teams\_\_\_\_\_\_ # of Players\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys 1/2 (full pads) # of Teams\_\_\_\_\_\_ # of Players\_\_\_\_\_\_\_ Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2021 - 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 2021 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 this form and your 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 and Oregon Youth Lacrosse as additional insured.

\_\_\_\_\_\_ 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 April 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](mailto:lisahockman@comcast.net). Tax ID#83-2771715. Non-Profit