

**2025 Arthur Minor Lacrosse Tournament**

As in prior years, we expect our tournament this year to be worthy of your participation and most importantly, fun for the players involved. The tournaments have been a tremendous success throughout the years, and once again this year we expect the U9 Troy McDougall Memorial Tournament to be oversubscribed.

For information, please contact:

Jessica Smith, Tournament Convenor

Email: jessmith7274@gmail.com (jessmith7274@gmail.com)

Please e-mail your completed application form to the e-mail above and payment can be made by cheque, or by e-transfer at [volunteerlax@gmail.com](mailto:volunteerlax@gmail.com). If paying by cheque, must be made payable to the Arthur Minor Lacrosse Association and be mailed to:

**2025 Arthur Minor Lacrosse Tournament**

**C/O Jessica Smith**

**8149 Concession 6**

**Moorefield, ON N0G 2K0**

**Tournament Format:**

**Rules**: The Tournament is sanctioned by the Ontario Lacrosse Association (OLA) and, as such is subject to OLA Rules & Regulations. Official rules will be distributed once all teams are confirmed.

**Games**: Each team is guaranteed two (2) games. Four of the eight teams will have 3 games.

**Date:**

Saturday, June 14 : U-9 Troy McDougall Memorial Tournament – D/E

**Fees:**

Tournament fee is: $450

Registration will be on a first-come, first-served basis as registration forms and payments are received, so please submit your application along with payment in full as soon as possible to avoid disappointment. Note that AMLA will only accept applications from teams with either a D or E pre-season rating, as per the ratings posted on the OLA website.

**Refunds:**

A full refund (minus 5%) will be issued for cancellations received on or before May 1, 2025. No refunds will be provided for cancellations received after May 1, 2025.



***We look forward to hosting you at our Arthur Minor Lacrosse Tournament.***

***Enjoy the lacrosse and thank you for your love of the sport!***

**Contact Information:**

|  |
| --- |
| Centre: |
| Team Name: |
| Name: |
| Phone: |
| Email: |
| Address: |
| City: |
| Postal Code: |

**Team Rating(s):**

Please enter your pre-season rating (either D or E).

|  |  |
| --- | --- |
| U9 |  |

**Bench Staff and Team Roster** (Duplicate this page for each team being registered)

*Player rosters must be submitted by April 23, 2025*

**Please print clearly.**

**Team / Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Head Coach** |  |
| **Asst. Coach** |  |
| **Asst. Coach** |  |
| **Asst. Coach** |  |
| **Trainer** |  |
| **Manager** |  |

I understand and agree that the Arthur Minor Lacrosse Association and/or any of its Executive, volunteers, officials, affiliates or sponsors do not assume responsibility for any form of injury, damage or loss resulting from any accident, from any known or unknown conditions, handicap or infection howsoever caused.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_