



Mail Form to:
LARA Sub-Committee Application
PO Box 190
Lindstrom, MN 55045

Sub-Committee Application

Name (complete legal) _____

Address _____ City _____ Zip Code _____

Phone _____ Day/Work Phone _____ Cell Phone _____

Email Address _____

Do you have a child/children in a LARA program? Yes _____ No _____

What sub-committee would you like to be involved in:

In-House Baseball/Softball _____ Traveling Baseball _____ Traveling Softball _____

Field Maintenance/Planning/Improvement _____ Soccer _____ Flag Football _____

Basketball _____ Volleyball _____

Explain any experience you may have in youth recreation and/or your reason for wanting to get involved in the above committee:

I understand that some of the above information is considered private under the Minnesota Government Data Practices Act, Chapter 13. This information will be used for programming purposes and given to people responsible for each program

As a LARA committee member, I agree to abide by the LARA Code of Conduct and to fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of Lakes Area Recreation Association.

Signature _____ Date _____

For Office Use Only
Date _____ Rec'd by _____