



Minor Box/Youth Field Membership Renewal Application Form

Application for (select all that apply): **Minor Box** **Youth Field**

Name of Association: _____

Renew member for the 2024-2025 BC Lacrosse Association season.

Date: _____

Arena/Field Name: _____

Approved Boundaries: _____

The Association's AGM is held during the month of: _____

Board/Committee Contact List:

President

Name: _____

Email/Cell: _____

Vice-President

Name: _____

Email/Cell: _____

Secretary

Name: _____

Email/Cell: _____

Treasurer

Name: _____

Email/Cell: _____

Registrar

Name: _____

Email/Cell: _____

Head Coach

Name: _____

Email/Cell: _____

Head Official

Name: _____

Email/Cell: _____

Please include the current copy of the Association's Constitution and By-Laws with this form by November 1st each year via email to debheard@bclacrosse.com