



# Record of Affiliation Form

***Due prior to August 1<sup>st</sup> of the current playing year. Affiliations must be renewed annually.***

**AFFILIATION YEAR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*We, the undersigned Presidents and Secretaries of the teams named, on behalf of those teams, hereby seek permission to affiliate our teams in accordance with the BCLA and LC regulations.  
(See BCLA Senior Operating Policy Regulation 7: Affiliation)*

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**NAME OF HIGHER CATEGORY TEAM**

**DIVISION**

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**NAME OF LOWER CATEGORY TEAM**

**DIVISION**

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President of Higher Category Team

President of Lower Category Team

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Secretary of Higher Category Team

Secretary of Lower Category Team

***This Record of Affiliation must be filed with the BCLA Office via email to [debheard@bclacrosse.com](mailto:debheard@bclacrosse.com)***