



**BCLA Minor Directorate  
Multi-Association Select Teams for Tournaments **within BC****

*BCLA Regulation 4: Playing Rules, 4.08 (a)*

*This application requires approval from your Minor Lacrosse Commission, and then approval by the Minor Directorate. Application must be received by the Minor Directorate no less than 30 days before the tournament start date.*

**Name of Tournament:**

**Date of Tournament:**

**Tournament Application Date:**

**Host Contact Name:**

**Host Contact E-Mail:**

**Team Name:**

**Division/Tier:**

**Manager's Name:**

**Manager's E-Mail:**

**Manager's Phone #:**

**Head Coach's Name:**

**Head Coach's E-Mail:**

**I hereby state the above mentioned team will abide by the conditions set forth by the policies and guidelines of the British Columbia Lacrosse Association.**

**Team Representative**

**Date of Request:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Association President(s) Approval**

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Team Roster

	<b>Name of Athlete (in alphabetical order by surname)</b>	<b>Association</b>	<b>Division/Tier</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

## Team Personnel

<b>Position</b>	<b>Name</b>	<b>E-Mail</b>	<b>NCCP Training/ Certification</b>
<b>Head Coach</b>			
<b>Assistant Coach</b>			
<b>Assistant Coach</b>			
<b>Team Manager</b>			

**APPROVALS:**

*Date:* \_\_\_\_\_ *Commission Chair's Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Minor Directorate Chair's Signature:* \_\_\_\_\_