



2024-2025 WOMEN'S FIELD LACROSSE PROVINCIAL DECLARATION FORM

All associations entering teams in the 2024-2025 Women's Field Lacrosse Provincial Tournament **MUST** fill out this form in **FULL**. **EACH** team in your association must have a declaration form on file with the BCLA.

It is the association's responsibility to mail, email or drop off completed forms along with payment (cheque or e-transfer) at **\$100.00 per team**. **FORMS and CHEQUES** must be received by the BCLA Office **at the same time**. Cheques should be made payable to the BCLA with a notation for "Women's Field Provincials". E-transfers are also accepted for payment (see bottom of form for e-transfer instructions).

PLEASE NOTE: If a team withdraws from participating in the Provincial Championships after declaring, the parent club shall be subject to a \$1,500.00 or \$3,000 fine per team that withdraws. (FD 22.10)

Name of Association: _____ League: PCFLL Interior Island
Division: U18 U15 U13 Tier: 1 2
Team Colours: Jersey: _____ Shorts: _____ Alternate: _____

- 1. Coach Name: _____
E-Mail: _____ Cell#: _____
NCCP#: _____ Certification Level: _____
- 2. Coach Name: _____
E-Mail: _____ Cell#: _____
NCCP#: _____ Certification Level: _____
- 3. Coach Name: _____
E-Mail: _____ Cell#: _____
NCCP#: _____ Certification Level: _____
- 4. Coach Name: _____
E-Mail: _____ Cell#: _____
NCCP#: _____ Certification Level: _____
- 5. Coach Name: _____
E-Mail: _____ Cell#: _____
NCCP#: _____ Certification Level: _____
- 6. Manager's Name: _____
E-Mail: _____ Cell#: _____
- 7. Trainer's Name: _____ Qualifications: _____

IMPORTANT: if you need to change your CERTIFIED Coaches/Trainer, and or Manager, this must be done within **two weeks Prior to the Provincials**

**Absolutely no applications will be accepted after the deadline:
Thursday, December 6, 2024 no later than 4:00 PM**

Email completed form to debheard@bclacrosse.com or mail to BCLA #101-7382 Winston St, Burnaby, BC V5A 2G9

E-transfer details:
Send to debheard@bclacrosse.com
Make the password **lacrosse** and make notation in the comment/message section of the e-transfer what you are paying for



WOMEN'S FIELD LACROSSE TEAM ROSTER

HEAD COACH NAME: _____

****LIST IN NUMERICAL JERSEY ORDER. DO NOT INCLUDE CALL UPS****

JERSEY NUMBER	PLAYER <i>(Last Name, First Name)</i>	BIRTHDATE <i>(Mth/Day/Yr)</i>	IDENTIFY GOALIE *Put 'G' after name
1.	-	-	-
2.	-	-	-
3.	-	-	-
4.	-	-	-
5.	-	-	-
6.	-	-	-
7.	-	-	-
8.	-	-	-
9.	-	-	-
10.	-	-	-
11.	-	-	-
12.	-	-	-
13.	-	-	-
14.	-	-	-
15.	-	-	-
16.	-	-	-
17.	-	-	-
18.	-	-	-
19.	-	-	-
20.	-	-	-
21.	-	-	-
22.	-	-	-
23.	-	-	-
24.	-	-	-
25.	-	-	-

All players must have been registered by the November 30, 2024 deadline.