



2018-2019 U11 FIELD PROVINCIAL LACROSSE TOURNAMENT DECLARATION

All associations entering teams in the 2018-2019 U11 Field Provincial Lacrosse 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 or drop off completed forms along with a cheque for **\$100.00**. **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 “Youth Field Provincials”.

PLEASE NOTE: If a team withdraws from participating in the U11 Field Provincial Tournament after declaring, the parent club shall be subject to a \$1,500.00 or \$3,000.00 fine per team that withdraws. (FD 22.10)

Name of Association: _____ **League:** _____
Team Name: _____ **Division:** Blue Red White
Team Colours: **Jersey:** _____ **Shorts:** _____ **Alternate:** _____

1. **Coach Name:** _____
Address: _____
City: _____ **P.C.:** _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____ **NCCP#:** _____ **Certification Level:** _____

2. **Coach Name:** _____
Address: _____
City: _____ **P.C.:** _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____ **NCCP#:** _____ **Certification Level:** _____

3. **Coach Name:** _____
Address: _____
City: _____ **P.C.:** _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____ **NCCP#:** _____ **Certification Level:** _____

4. **Coach Name:** _____
Address: _____
City: _____ **P.C.:** _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____ **NCCP#:** _____ **Certification Level:** _____

5. **Manager’s Name:** _____
Address: _____
City: _____ **P.C.:** _____ **PHONE:** _____ **FAX:** _____
E-Mail: _____ **NCCP#:** _____

6. **Trainer’s Name:** _____ **Qualifications:** _____

IMPORTANT: if you need to change your TRAINED 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 13, 2018 no later than 4:00 PM**

Mail to: BCLA, #101 – 7382 Winston Street, Burnaby, B.C. V5A 2G9 or FAX: (604) 421-9775



PROVINCIAL U11 FIELD LACROSSE TOURNAMENT DECLARATION

HEAD COACH NAME: _____

| PLAYER <i>(Last Name, First Name)</i> | BIRTHDATE <i>(Mth/Day/Yr)</i> | POSITION <i>(Attack, Middy, Bigstick, Goalie)</i> | JERSEY NUMBER |
|---|---|---|--------------------------------|
| 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, 2018 deadline.