



## 2019-2020 YOUTH PROVINCIAL FIELD LACROSSE DECLARATION

All associations entering teams in the 2019-2020. Youth Provincial Field Lacrosse Championships **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 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: _____	
Team Name: _____		Tier: <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Division: <input type="checkbox"/> U18	<input type="checkbox"/> U15	<input type="checkbox"/> U13	
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#: \_\_\_\_\_ Certification Level: \_\_\_\_\_

6. 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 12, 2019 no later than 4:00 PM**

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



**PROVINCIAL YOUTH FIELD LACROSSE TEAM ROSTER**

HEAD COACH NAME: \_\_\_\_\_

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

<b>JERSEY NUMBER</b>	<b>PLAYER (Last Name, First Name)</b>	<b>BIRTHDATE (Mth/Day/Yr)</b>	<b>IDENTIFY GOALIE</b>
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, 2019 deadline.*