



## Application for Field Lacrosse Tournament Sanctioning

**NAME OF HOST ASSOCIATION:**

**TOURNAMENT NAME:**

**PROPOSED DATES:**

**# of Years Running:**

### CONTACT INFORMATION

**Host Convener Name:**

**Phone: Home**

**Cell**

**E-Mail Address:**

**Address:**

**City:**

**PC:**

**Association President's Name (if different from Convener):**

### AGE DIVISIONS/TIERS/# OF ANTICIPATED TEAMS PARTICIPATING

|   | Age Division(S)    | Tier(s) | Anticipated # of teams participating |
|---|--------------------|---------|--------------------------------------|
| ✓ | <b>YOUTH FIELD</b> |         |                                      |
|   | U18                |         |                                      |
|   | U15                |         |                                      |
|   | U13                |         |                                      |
|   | U11                |         |                                      |
|   | U9                 |         |                                      |
|   | U7                 |         |                                      |

|   | Age Division(s) | Tier(s) | Anticipated # of teams participating |
|---|-----------------|---------|--------------------------------------|
| ✓ | Masters         |         |                                      |
|   | Senior Men's    |         |                                      |
|   | Senior Women's  |         |                                      |
|   | WomFld U19      |         |                                      |
|   | WomFld U15      |         |                                      |
|   | WomFld U12      |         |                                      |

**Do you expect teams from out of Province or Country**    **YES**    **NO**

*If teams are traveling are coming from Out-of-Country, it is the Tournament Host's responsibility must ensure that the team(s) traveling hold current \$5 Million liability insurance coverage and have travel medical insurance coverage for all players and team personnel.*

**FIELD (S): Please designate Main Fields to be used.**

**Main Field Name:**

**Location:**

**Field Name:**

**Location:**

**Field Name:**

**Location:**

**First-Aid / Injury Management Plan** (Please provide a description of your plans for handling on field emergencies and for the treatment of injuries. i.e trainers, first-aid, ambulance, communication, etc.)

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**Date:**

**Association President's Signature:**

**Date:**

**Host Convener's Signature:**

By signing you are acknowledging that all BC resident participants are properly registered members in good standing of the BC Lacrosse Association; and that all participating coaches, trainers and officials are properly certified.

**Application must be received 60 days prior to event to guarantee consideration.**

Please scan and e-mail to [info@bclacrosse.com](mailto:info@bclacrosse.com)

Or fax to: (604) 421-9775