

2026 MINOR PROVINCIAL PLAYOFF DECLARATION

All associations entering teams in Provincial Playoffs **MUST** fill out this form in **FULL**. All required Association registration paperwork must be submitted prior to **Oc{'49.'4246** or the Association's team(s) will be unable to declare for Provincials.

EACH team in your association playing a play-off game must have a 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 etransfer) for \$150.00 for each team entering play-offs. NOTE: For "C" teams, per Regulation 12.05 (g), teams are required to submit their team lists for validation to the Provincial Director seventy-two (72) hours (3 days) prior to the start of Provincial Championships.

DECLARATION FORMS and PAYMENT must be received by the BCLA Office on the same date!!!

DEADLINE IS O QPFC[, O c{'49.'4246 by 4:00 PM. No exceptions will be made.Cheques should be made payable to the BCLA with a notation "for provincial playoffs".

Name of Association	Zone:						
Division: "'W44" Femal	U17 e Level: A Jersey:	U15 B	U13	Minor Level: A1 Shorts:	A2	В	C
Per BCLCG Regulation trainer. You can list as a any time (use additional personnel on the bench a the minimum one of the f 100B; Trainers who at m	7.01, no more to many certified conform if necessare luring a regulare following accreaninimum possess	oaches as yo y). The team playing of a litations: All es a "First K	(4) non-play u need on the trainer sha lacrosse ga coaches mu Responder"	wing personnel are allowed on the form, but only four (4) wil ll be included on the bottom are which is governed by a quest meet the minimum requires or has successfully attended ior to the start of provincials	l be allowe of the sco qualified of ements out the Traine	ed on the re sheet. fficial sh tlined on er's Aid (e bench at All all have a the Form Course.
Head Coach Name: PHONE: Number/Cell NCCP#:			E-Mail: Training/Certification Level:				
Assistant Coach Nam NCCP#:	e:	Trai	ining/Certi	fication Level:			
Assistant Coach Name: NCCP#:		Training/Certification Level:					
Assistant Coach Nam NCCP#:	Assistant Coach Name: NCCP#:		Training/Certification Level:				
Assistant Coach Nam NCCP#:	Trai	Training/Certification Level:					
Trainer's Name:	Cer	Certification Level:					
Team Manager's Name: PHONE: Number/Cell		E-M	E-Mail:				

Absolutely no applications will be accepted after the deadline of O qpf c{.'O c{ '49.'4246 at 4:00 PM.

Please submit this form and payment to:

BCLA, #101 - 7382 Winston Street, Burnaby, BC, V5A 2G9 PH: (604) 421-9755 Email: debj gctf @bclacrosse.com