

2025 MINOR BOX 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 May 26, 2025, or the Association's team(s) will be unable to declare for Provincial Championships.

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/e-mail (pdf format document) or drop off completed forms along with payment (cheque or etransfer) for \$250.00 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 Monday, May 26, 2025 by 4:00 PM. No exceptions will be made.

Cheques should be made payable to the BCLA with a notation "for provincial playoffs" (the notation is also applicable to e-transfers to: debheard@bclacrosse.com).

				J		,,,			
Name of Association:				Zone:					
Team Name:				*Is this a merged team:				Yes	No
Division:	U22	U17	U15	U13	*If Yes o	other Assoc	ciation:		
Female Lev	el:	\mathbf{A}	В	Minor	Level:	A1	A2	В	C
Team Colours: Jersey:					Shorts:				

Per BCLCG Regulation 7.01, no more than FOUR (4) non-playing personnel are allowed on the bench, including a trainer. You can list as many certified coaches as you need on this form, but only four(4) will be allowed on the bench at

Head Coach Name:
start of provincials to the Provincial Championship Director.
successfully attended the Trainer's Aid Course. You will be required to provide a verification roster one week prior to the
minimum requirements outlined on the Form 100B; Trainers who at minimum possesses a "First Responder" or has
personnel on the bench shall have as the minimum one of the following accreditations: All coaches must meet the
any time (use adattional form if necessary). The team trainer shall be included on the bottom of the score sheet. All

PHONE/CELL Number: E-Mail: NCCP#: Training/Certification Level: **Assistant Coach Name:** NCCP#: Training/Certification Level: **Assistant Coach Name:** NCCP#: Training/Certification Level: **Assistant Coach Name:** NCCP#: Training/Certification Level: If you require additional coaches listed, please add another sheet. Certification Level: **Trainer's Name: Team Manager's Name:** PHONE/CELL Number: E-Mail:

Absolutely no applications will be accepted after the deadline of Monday, May 26, 2025, at 4:00 PM.