



BCLA Minor Directorate
U7/U9 Application/Tracking for Criss-Cross of Players
(Within their own association only) for Tournaments in BC - 2025
BCLA Regulation 14: Tournaments, 14.09

Date of this Application: _____

Name of Tournament: _____ **Date of Tournament:** _____

Association and Division of Team making the application: _____

Manager's Name: _____ **Manager's E-Mail:** _____

Manager's Phone #: _____

Current Roster of Team making the application:

	Name of Athlete (in alphabetical order by surname)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Head Coach's Name: _____ **Signature:** _____

Players (with their division) added to this above roster:

	Name of Athlete (in alphabetical order by surname)	Team/Division
1		
2		
3		
4		
5		

Head Coach's Name: _____ **Signature:** _____

Date: _____ **Commission Chair's Approval:** _____

Date: _____ **President's Approval:** _____