



Application for Field Lacrosse Tournament Sanctioning

NAME OF HOST ASSOCIATION:

TOURNAMENT NAME:

PROPOSED DATES:

of Years Running:

CONTACT INFORMATION

Host Convener Name:

Cell #:

E-Mail Address:

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

AGE DIVISIONS/TIERS/# OF ANTICIPATED TEAMS PARTICIPATING

✓	Age Division(S)	Tier(s)	Anticipated # of teams participating
	YOUTH FIELD		
	U18		
	U15		
	U13		
	U11		
	U9		
	U7		

✓	Age Division(s)	Tier(s)	Anticipated # of teams participating
	Masters		
	Senior Men's		
	Senior Women's		
	WomFld U18		
	WomFld U15		
	WomFld U13		
	WomFld U11		
	WomFld U9		
	WomFld U7		

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:

These documents must accompany your application when submitting:

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.)

Tournament rules and regulations. If any changes or updates, a revised version must be submitted to the Field Directorate at least one week before the tournament.

All tournaments are required to **submit the name of the OIC and Tournament Commissioner** to the Field Directorate two weeks prior to the start of the tournament.

President's Signature:

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 by August 14th - 4 PM for consideration.

Please scan and e-mail to debheard@bclacrosse.com