



2019-2020 WOMEN'S FIELD LACROSSE PROVINCIAL DECLARATION FORM

All associations entering teams in the 2020 Women's Field Lacrosse Provincial Tournament **MUST** fill out this form in **FULL**. **EACH** team in your association must have a declaration form on file with the BCLA.

It is the association's responsibility to mail or drop off completed forms along with a cheque for **\$100.00**. **FORMS and CHEQUES** must be received by the BCLA Office **at the same time**. Cheques should be made payable to the BCLA with a notation for "2020 Women's Field Lacrosse Provincials".

Name of Association: _____ League: _____
Team Name: _____
Division: U19 U15 U12 Tier 1 Tier 2
Team Colours: Jersey: _____ Shorts: _____ Alternate: _____

1. Coach Name: _____
Address: _____
City: _____ P.C.: _____ PHONE: _____ FAX: _____
E-Mail: _____ NCCP#: _____ Certification Level: _____

2. Coach Name: _____
Address: _____
City: _____ P.C.: _____ PHONE: _____ FAX: _____
E-Mail: _____ NCCP#: _____ Certification Level: _____

3. Coach Name: _____
Address: _____
City: _____ P.C.: _____ PHONE: _____ FAX: _____
E-Mail: _____ NCCP#: _____ Certification Level: _____

4. Coach Name: _____
Address: _____
City: _____ P.C.: _____ PHONE: _____ FAX: _____
E-Mail: _____ NCCP#: _____ Certification Level: _____

5. Manager's Name: _____
Address: _____
City: _____ P.C.: _____ PHONE: _____ FAX: _____
E-Mail: _____ NCCP#: _____ Certification Level: _____

6. Trainer's Name: _____ Qualifications: _____

DEADLINE: Thursday, December 12, 2019 no later than 4:00 PM



WOMEN'S FIELD LACROSSE TEAM ROSTER

HEAD COACH NAME: _____

****LIST IN NUMERICAL JERSEY ORDER. DO NOT INCLUDE CALL UPS****

JERSEY NUMBER	PLAYER (Last Name, First Name)	BIRTHDATE (Mth/Day/Yr)	IDENTIFY GOALIE
1.	-	-	-
2.	-	-	-
3.	-	-	-
4.	-	-	-
5.	-	-	-
6.	-	-	-
7.	-	-	-
8.	-	-	-
9.	-	-	-
10.	-	-	-
11.	-	-	-
12.	-	-	-
13.	-	-	-
14.	-	-	-
15.	-	-	-
16.	-	-	-
17.	-	-	-
18.	-	-	-
19.	-	-	-
20.	-	-	-

All players must have been registered by the November 30, 2019 deadline.