



## 2025-2026 WOMEN'S FIELD LACROSSE PROVINCIAL DECLARATION FORM

All Associations entering teams in the 2025-2026 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 provide the completed declaration forms along with payment (cheque or e-transfer) at **\$150.00 per team**. **FORMS and PAYMENT** must be received by the BCLA Office **at the same time**. Cheques should be made payable to the BCLA with a notation for "Women's Field Provincials". E-transfers are the preferred method for payment (see bottom of form for e-transfer instructions).

**PLEASE NOTE:** If a team withdraws from participating in the Provincial Championships after declaring, the parent club shall be subject to a \$1,500.00 or \$3,000 fine per team that withdraws. (FD 22.10)

Name of Association: _____			League: PCFLL	Interior	Island
Division: U18	U15	U13	Tier: <input type="checkbox"/> 1 <input type="checkbox"/> 2		
Team Colours:	Jersey: _____	Shorts: _____	Alternate: _____		

1. Coach Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_  
NCCP#: \_\_\_\_\_

2. Coach Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_  
NCCP#: \_\_\_\_\_

3. Coach Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_  
NCCP#: \_\_\_\_\_

4. Coach Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_  
NCCP#: \_\_\_\_\_

5. Coach Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_  
NCCP#: \_\_\_\_\_

6. Manager's Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Cell#: \_\_\_\_\_

7. Trainer's Name: \_\_\_\_\_ Qualifications: \_\_\_\_\_

**IMPORTANT:** If you need to change your **TRAINED** Coaches/Trainer, and/or Manager, this must be done **two weeks prior to the Provincials. Please complete additional Pages if necessary.**

**Absolutely no applications will be accepted after the deadline:  
Thursday, December 5, 2025 no later than 4:00 PM**

Email completed form to [debheard@bclacrosse.com](mailto:debheard@bclacrosse.com) or mail to BCLA #101-7382 Winston St, Burnaby, BC V5A 2G9

E-transfer details:

Send to [debheard@bclacrosse.com](mailto:debheard@bclacrosse.com)

Make the password **lacrosse** and make notation in the comment/message section of the e-transfer what you are paying for



## WOMEN'S FIELD LACROSSE TEAM ROSTER

HEAD COACH NAME: \_\_\_\_\_

**\*\*LIST IN LAST NAME ALPHABETICAL ORDER. DO NOT INCLUDE CALL UPS\*\***

JERSEY NUMBER	PLAYER (Last Name, First Name)	HOME ASSOCIATION If a RELEASED/MERGED PLAYER
1.	-	-
2.	-	-
3.	-	-
4.	-	-
5.	-	-
6.	-	-
7.	-	-
8.	-	-
9.	-	-
10.	-	-
11.	-	-
12.	-	-
13.	-	-
14.	-	-
15.	-	-
16.	-	-
17.	-	-
18.	-	-
19.	-	-
20.	-	-
21.	-	-
22.	-	-
23.	-	-
24.	-	-
25.	-	-

*All players must have been registered by the November 30, 2025 deadline.*