



2021-2022 YOUTH PROVINCIAL FIELD LACROSSE DECLARATION

All associations entering teams in the 2021-2022. Youth Provincial Field Lacrosse Championships **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 “Youth Field Provincials”.

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: _____
Team Name: _____	Tier: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Division: <input type="checkbox"/> U18 <input type="checkbox"/> U15 <input type="checkbox"/> U13	
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:** _____

IMPORTANT: if you need to change your CERTIFIED Coaches/Trainer, and or Manager, this must be done within two weeks Prior to the Provincials

**Absolutely no applications will be accepted after the deadline:
Thursday, December 9, 2021 no later than 4:00 PM**

Send to: BCLA, #101 – 7382 Winston Street, Burnaby, B.C. V5A 2G9 or FAX: (604) 421-9775



PROVINCIAL YOUTH 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.	-	-	-
21.	-	-	-
22.	-	-	-
23.	-	-	-
24.	-	-	-
25.	-	-	-

All players must have been registered by the November 30, 2021 deadline.