



Application for Field Lacrosse Tournament Sanctioning

NAME OF HOST ASSOCIATION:

TOURNAMENT NAME:

PROPOSED DATES:

of Years Running:

CONTACT INFORMATION

Host Convener Name:

Phone: Home

Cell

E-Mail Address:

Address:

City:

PC:

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		
	U5		

	Age Division(s)	Tier(s)	Anticipated # of teams participating
✓	Masters		
	Senior Men's		
	Senior Women's		
	WomFld U19		
	WomFld U15		
	WomFld U12		
	WomFld U8		

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:

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.)

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

Date:

Association President's Signature:

Date:

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 60 days prior to event to guarantee consideration.

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

Or fax to: (604) 421-9775