

2024 BCLA Women’s Field Lacrosse Provincial Championships

Official Team Verification Roster



1. Please list (print) all players (first and surnames) in numerical order and designate a Captain (C), Assistant Captains (A) and Goalkeepers (G) in the appropriate space (Designation). Only players listed shall be eligible for play through the Championship.
2. Score sheets will be filled out by Championship staff for all games. Coach(es) and/or Manager(s) must verify the same prior to each game with the Game Scorekeeper.
3. All non-playing personnel who will be on the bench during any Championship game must also be listed in the appropriate spaces. Please remember, only four such persons may be on the bench at any given time. All coaches must fully trained.

TEAM: _____ **DIVISION:** _____ **TEAM COLOURS:** _____

COACH: _____ **MANAGER:** _____

ASS'T COACH: _____ **TRAINER:** _____

| # | Name of Player | Designation |
|---|----------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

VERIFIED BY: _____ **APPROVED BY:** _____
Team Official *BCLA Provincial Director*