



## 2017-2018 YOUTH PROVINCIAL FIELD LACROSSE DECLARATION

All associations entering teams in the 2017-2018 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)

<b>Name of Association:</b> _____	<b>League:</b> _____
<b>Team Name:</b> _____	<b>Tier:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>Division:</b> <input type="checkbox"/> Jr-Men's(U18) <input type="checkbox"/> Midget(U15) <input type="checkbox"/> Bantam(U13)	
<b>Team Colours:</b> _____	<b>Jersey:</b> _____ <b>Shorts:</b> _____ <b>Alternate:</b> _____

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 14, 2017 no later than 4:00 PM**

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



**PROVINCIAL FIELD LACROSSE DECLARATION**

**\*PLEASE NOTE: THIS IS THE FINAL DECLARATION FOR THE YOUTH PROVINCIALS\***

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

<b>PLAYER</b> <i>(Last Name, First Name)</i>	<b>BIRTHDATE</b> <i>(Mth/Day/Yr)</i>	<b>POSITION</b> <i>(Attack, Middy, Bigstick, Goalie)</i>	<b>JERSEY</b> <b>NUMBER</b>
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, 2017 deadline.*