



One Game Permit Minor Box Lacrosse

Player Name: _____

Team: _____

League **(Division)**: _____

Is permitted to play one game

on the (Date): _____

for (Team): _____

in the (League): _____

Select one: Player Goalie

Number of games player has played up to any other team: _____

Date

Authorized Coach/Team Official Requesting Player*

Date

Authorized Coach/Team Official Accepting Player *

- **Must be a listed authorized personnel from the team form 100**

See BCLA Minor Directorate OP Regulation 4.07 (c) for full rules/policy around call up players.

Copies to Commissioners: (please check BOTH Leagues involved):

Co-ed Division

U17	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	
U15	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C
U13	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C
U11	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C
U9	<input type="checkbox"/>			
U7	<input type="checkbox"/>			

Female Division

Female Junior	<input type="checkbox"/> A	<input type="checkbox"/> B
Female U17	<input type="checkbox"/> A	<input type="checkbox"/> B
Female U15	<input type="checkbox"/> A	<input type="checkbox"/> B
Female U13	<input type="checkbox"/> A	<input type="checkbox"/> B
Female U11	<input type="checkbox"/> A	<input type="checkbox"/> B