



## 2021-2022 WOMEN'S FIELD LACROSSE PROVINCIAL DECLARATION FORM

All associations entering teams in the 2021-2022 Women's Field Lacrosse Provincial Tournament **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 "2021-2022 Women's Field Lacrosse Provincials".

<b>Name of Association:</b> _____	<b>League:</b> _____
<b>Team Name:</b> _____	
<b>Division:</b> <b>U19</b> <b>U15</b> <b>U12</b>	<b>Tier 1</b> <b>Tier 2</b>
<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:** \_\_\_\_\_

**DEADLINE: Thursday, December 09, 2021 no later than 4:00 PM**



**WOMEN'S FIELD LACROSSE TEAM ROSTER**

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

**\*\*LIST IN NUMERICAL JERSEY ORDER. DO NOT INCLUDE CALL UPS\*\***

<b>JERSEY NUMBER</b>	<b>PLAYER (Last Name, First Name)</b>	<b>BIRTHDATE (Mth/Day/Yr)</b>	<b>IDENTIFY GOALIE</b>
1.	-	-	-
2.	-	-	-
3.	-	-	-
4.	-	-	-
5.	-	-	-
6.	-	-	-
7.	-	-	-
8.	-	-	-
9.	-	-	-
10.	-	-	-
11.	-	-	-
12.	-	-	-
13.	-	-	-
14.	-	-	-
15.	-	-	-
16.	-	-	-
17.	-	-	-
18.	-	-	-
19.	-	-	-
20.	-	-	-

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