



BCLA Field Directorate
Co-Ed Youth/Women U9 & U7 Application/Tracking for Criss-Cross of Players

Within their own association only for Tournaments in BC
(BCLA Regulation 7: Tournaments, 7.10)

Date of this Application: _____ **Date of Tournament:** _____

Name of Tournament: _____

Name of Community Association: _____

Division: _____ **Manager's Name:** _____

Manager's Phone #: () _____ **Manager's E-Mail:** _____

Current Roster of Team making the application:

	Name of Athlete (in alphabetical order by surname)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Head Coach's Name: _____ **Signature:** _____

Players (with their division) added to this above roster:

	Name of Athlete (in alphabetical order by surname)	Team/Division
1		
2		
3		
4		

Head Coach's Name: _____ **Signature:** _____

Commission Chair's Approval: _____ **Date:** _____