



Minor Box Lacrosse Association NEW Membership Application Form

Date: _____ Application for: *Minor Box*

Name of Organization: _____

Contact Name: _____

Phone: (H) _____ (B) _____ (C) _____

E-Mail: _____ Fax: _____

Address: _____

City: _____ Postal Code: _____

Arena/ Field Name: _____

Proposed Boundaries: _____

Anticipated Teams for First Year of Operation

Division	Ages	Tier			# of Teams
Mini-Tyke	5-6				
Tyke	7-8				
Novice	9-10	<input type="checkbox"/> Adv	<input type="checkbox"/> Int	<input type="checkbox"/> House	
PeeWee	11-12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> House
Bantam	13-14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> House
Midget	15-16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> House

Board/Committee Contact List

Position	Name
President	_____
Vice-President	_____
Secretary	_____
Treasurer	_____
Coaching Co-ordinator	_____
Head Referee	_____
_____	_____
_____	_____

The following documents are included:

- Budget for the first year
- Constitution and By-Laws (if available)
- Contact List with Names, Addresses, Phone Numbers and E-Mail Addresses of Executive and Committee Members

Please submit to:

B.C. Lacrosse Association, #101 - 7382 Winston St, Burnaby, BC V5A 4J8 (604) 421-9755
E-Mail : dave@bclacrosse.com FAX : (604) 421-9775