

MINOR PROVINCIAL PLAYOFF DECLARATION

All associations entering teams in Provincial Playoffs MUST fill out this form in FULL. All required Association registration paperwork must be submitted prior to June 1, 2020 or the Association's team(s) will be unable to declare for Provincials.

EACH team in your association playing a play-off game must have a form on file with the BCLA. It is the association's responsibility to mail or drop off completed forms along with a cheque for \$150.00 for each team entering play-offs. NOTE: For "C" teams, per Regulation 12.05 (f), teams are required to submit their team lists for validation to the Provincial Director 72 hours prior to the start of Provincial Championships.

DECLARATION FORMS and CHEQUES must be received by the BCLA Office at the same time!!!

Junior Midget Bantam PeeWee

Name of Association:

Team Name:

Division:

DEADLINE IS MONDAY, JUNE 1, 2020 by 4:00 PM. No exceptions will be made.Cheques should be made payable to the BCLA with a notation "for provincial playoffs".

Zone:

Male Level: A1 A2

Female Level: A

В

B

Team Colours:	Jersey:	Sho	orts:		
t rainer . You can list as time (use additional for on the bench during a n minimum one of the fol 100B; Trainers who at	s many certified m if necessary). egular playing o lowing accredito minimum posses	coaches as you need of The team trainer shall of a lacrosse game wh ations: All coaches mu sses a "First Responde	playing personnel are allowed in this form, but only 4 will be il be included on the bottom of ich is governed by a qualified ist meet the minimum requirem or" or has successfully attende it prior to the start of provincia	allowed on the bench at any the score sheet. All personnel official shall have as the nents outlined on the Form ed the Trainer's Aid Course.	
Head Coach Name: PHONE: Home () NCCP#:		Cell () Training/Certificati	E-Mail: on Level:		
Assistant Coach Nai NCCP#:	me:	Training/Certificati	on Level:		
Assistant Coach Nai NCCP#:	me:	Training/Certificati	on Level:		
Assistant Coach Nai NCCP#:	me:	Training/Certification Level:			
Assistant Coach Nai NCCP#:	me:	Training/Certification Level:			
Trainer's Name:			Certification Lev	vel:	
Manager Name: PHONE: Home ()		Cell ()	E-Mail:		
Absolutely no ap	plications wil	be accepted after t	<mark>he deadline of Monday, Ju</mark> om and cheque to:	une 1, 2020 at 4:00 PM.	

BCLA, #101 - 7382 Winston Street, Burnaby, BC V5A 2G9 PH: (604) 421-9755