



## Minor Box Lacrosse Association NEW Membership Application Form

Date: Application for: *Minor Box*

Name of Organization:

Contact Name:

Phone: (H) (W) (C)

E-Mail:

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				Female
Novice	9-10	A	B	C	Female
PeeWee	11-12	A	B	C	Female
Bantam	13-14	A	B	C	Female
16U	15-16	A	B	C	Female

### 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:

BC Lacrosse Association, #101 – 7382 Winston Street, Burnaby, BC V5A 2G9  
(604) 421-9755 **E-Mail: [info@bclacrosse.com](mailto:info@bclacrosse.com)**