

## MINOR PROVINCIAL PLAYOFF DECLARATION

All associations entering teams in Provincial Playoffs **MUST** fill out this form in **FULL**. **EACH** team in your association playing a play-off game must have a form on file with the BCLA. Remember, all **outstanding invoices** must be paid by June 30, 2012. 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.**

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

**DEADLINE IS THURSDAY, JUNE 7, 2012 by 4:00 PM. No exceptions will be made.**

*Cheques should be made payable to the BCLA with a notation "for provincial playoffs".*

<b>Name of Association:</b> <input type="text"/>	<b>Zone:</b> <input type="text"/>
<b>Team Name:</b> <input type="text"/>	<b>Level:</b> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<b>Division:</b> Midget <input type="checkbox"/> Bantam <input type="checkbox"/> PeeWee <input type="checkbox"/> Junior <input type="checkbox"/> <b>Female Box Lacrosse</b> <input type="checkbox"/>	
<b>Team Colours: Jersey:</b> <input type="text"/>	<b>Shorts:</b> <input type="text"/>

*No more than FIVE (5) personnel are allowed on the bench, excluding a trainer. The team trainer shall be included on the bottom of the score sheet. All personnel on the bench during a regular playing of a lacrosse game which is governed by a qualified official shall have as the minimum one of the following accreditations: Coaches who met the minimum requirements outlined on the Form 100B; Door Persons registered on a form 100 (if utilizing more than two, add extra sheet to the Form 100B); Trainers who at minimum possesses a "First Responder" or has successfully attended the Trainer's Aid Course.*

**Head Coach Name:**

**Address:**  **City:**  **PC**

**Phone: Home** ( )  **Cell** ( )  **E-Mail:**

**NCCP#:**  **Certification Level:**

**Assistant Coach Name:**

**Phone: Home** ( )  **Cell** ( )  **E-Mail:**

**NCCP#:**  **Certification Level:**

**Assistant Coach Name:**  **E-Mail:**

**NCCP#:**  **Certification Level:**

**Trainer Name:**

**Door Personnel:**

1) Name:	<input type="text"/>	E-Mail:	<input type="text"/>
2) Name:	<input type="text"/>	E-Mail:	<input type="text"/>
3) Name:	<input type="text"/>	E-Mail:	<input type="text"/>
4) Name:	<input type="text"/>	E-Mail:	<input type="text"/>

**Manager's Name:**

**Address:**  **City:**  **PC**

**Phone: Home** ( )  **Cell** ( )  **E-Mail:**

**NCCP#:**  **Certification Level:**

**Absolutely no applications will be accepted after the deadline of**  
**Thursday, June 7, 2012 at 4:00 PM.**

**Please mail this form and cheque to:**

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

**2012 Minor Provincial Team Roster (for program use only)**

*(Please include one (1) Captain and two (2) Assistant Captains)*

**TEAM:** \_\_\_\_\_

<b>PLAYER'S NAME</b>	<b>JERSEY #</b>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____
21 _____	_____
22 or Alternate Goalie* _____	_____

*\*See Minor Provincial Championship Directive for Definition\**