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 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**!!!

DEADLINE IS THURSDAY, JUNE 1, 2017 by 4:00 PM. No exceptions will be made.
Cheques should be made payable to the BCLA with a notation "for provincial playoffs".

Name of Association: _____ **Zone:** _____
Team Name: _____ **Level:** ☐A1 ☐A2 ☐B ☐C
Division: _____
Team Colours: **Jersey:** _____ **Shorts:** _____

Per BCLCG Regulation 7.01, no more than FOUR (4) non-playing personnel are allowed on the bench, including 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: All coaches must meet the minimum requirements outlined on the Form 100B; Trainers who at minimum possesses a "First Responder" or has successfully attended the Trainer's Aid Course. You may be required to provide a verification roster one week prior to the start of provincials.*

Head Coach Name: _____
PHONE: Home _____ Cell _____ E-Mail: _____
NCCP#: _____ Training/Certification Level: _____

Assistant Coach Name: _____
NCCP#: _____ Training/Certification Level: _____

Assistant Coach Name: _____
NCCP#: _____ Training/Certification Level: _____

Assistant Coach Name: _____
NCCP#: _____ Training/Certification Level: _____

Assistant Coach Name: _____
NCCP#: _____ Training/Certification Level: _____

Trainer's Name: _____ Certification Level: _____

Manager Name: _____
PHONE: Home (___) _____ Cell (___) _____ E-Mail: _____

Absolutely no applications will be accepted after the deadline of Thursday, June 1, 2017 at 4:00 PM.

Please mail this form and cheque to:
BCLA, #101 - 7382 Winston Street, Burnaby, BC V5A 2G9 PH: (604) 421-9755