



LACROSSE CANADA
CROSSE CANADA

INFO@LACROSSE.CA
LACROSSE.CA
HOUSE OF SPORT, RA CENTRE
2451 RIVERSIDE DRIVE
OTTAWA, ON K1H 7X7

APPENDIX 25-8

TEAM REGISTRATION FORM

TEAM INFORMATION		
Member Association	Local Club or League	City and Province
Tournament	Team Name	Team Colours
Sector	Age Category	Level
<input type="checkbox"/> BOX <input type="checkbox"/> MF <input type="checkbox"/> WF	Box: <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> Jr <input type="checkbox"/> Sr Field: <input type="checkbox"/> U15 <input type="checkbox"/> U18 <input type="checkbox"/> U19 <input type="checkbox"/> Sr	<input type="checkbox"/> A/Div 1 <input type="checkbox"/> B/Div 2 <input type="checkbox"/> C/Div 3

ROSTER			
#	Name	Address	Date of Birth (DD/MM/YYYY)

Please complete the Team Registration Form and submit it to the CLA office (electronically via email) by 3:00pm EST two (2) business days prior to the start of the tournament, which begins at the Coaches Meeting. The team registration form must be typed (not written) and have proper names (no nicknames).



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STAFF				
Position	Name	Address	NCCP #	Qualifications
Coach				
Coach				
Coach				
Coach				
Coach				
Trainer				
Manager				

EMERGENCY CONTACTS			
Position	Name	Phone	Email
Head Coach			
Manager			
MA Contact			

PROVINCIAL/TERRITORIAL VERIFICATION		
Name	Signature	Date

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