

Club or Association Name:

Division and Calibre:

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

Appendix 25-4

Form 100R

It is mandatory that the clubs/associations have this form completed and returned to the appropriate body for registration.

Year of Current So	eason:													
The Head Coach of that the appropriate coach	ertification le	evel(s) as	outline	d in the	NCCP (see re	verse	side)		-				
Coaching Staff Registration (PLEASE PRINT OR TYPE)														
	Head C	oach	Ass	sistant (Coach	Assistant Coach			Assistant Coach					
Name:														
Address:														
City:														
Postal Code:														
Phone Number:														
E-Mail Address:														
NCCP#														
Police Check (If Required):														
Date of Birth (MM/DD/YYYY):											_	_		_

Please submit the appropriate registration fee for each listed coach above, along with this form. Coaches are not considered registered until registration fees are paid.

Bench Personnel Registration							
	Name:	Address:	Phone #				
Manager:							
Trainer:							
Equip. Manager:							
Other:							

Please note:

- 1. Team Head Coaches are responsible for the conduct of ALL personnel.
- 2. Rules stipulate that only four of the above registered coaches can occupy the Coaches Area.