



**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**

<b>TEAM INFORMATION</b>		
<b>Member Association</b>	<b>Local Club or League</b>	<b>City and Province</b>
<b>Tournament</b>	<b>Team Name</b>	<b>Team Colours</b>
<b>Sector</b>	<b>Age Category</b>	<b>Level</b>
<input type="checkbox"/> BOX <input type="checkbox"/> MF <input type="checkbox"/> WF	<b>Box:</b> U13   U15   U17   Jr   Sr <b>Field:</b> U17   U19   Sr	<input type="checkbox"/> A/Div 1 <input type="checkbox"/> B/Div 2 <input type="checkbox"/> C/Div 3

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

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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<b>STAFF</b>				
<b>Position</b>	<b>Name</b>	<b>Address</b>	<b>NCCP #</b>	<b>Qualifications</b>
Coach				
Coach				
Coach				
Coach				
Coach				
Trainer				
Manager				

<b>EMERGENCY CONTACTS</b>			
<b>Position</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Head Coach			
Manager			
MA Contact			

<b>PROVINCIAL/TERRITORIAL VERIFICATION</b>		
<b>Name</b>	<b>Signature</b>	<b>Date</b>

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