PROVINCIAL CHAMPIONSHIP TEAM ROSTER FORM

Districts must submit this form, on behalf of the team, by email to BCSA for all teams participating in play downs towards Provincial Championships. Entries must be received by **BCSA** no later than January 15th for the coastal districts and June 1st for the interior districts of the current year. Please mark or fill in all appropriate boxes.

COMPETITION INFORMATION

Provincial Championships (A Cup)	BCSA Championships (B Cup)
Gender:	Age Group: Under

TEAM INFORMATION

District:		Club:	
Full Team Name:			
Team Colours	Shirts	Shorts	Socks
Alternate Colours	Shirts	Shorts	Socks

TEAM PERSONNEL

Team Manager:			Email:		
Day time Phone:		Evening Phone:		Fax:	
Team Coach:			Email:		
CCY	CCS	B Pre-test	B Provincial	B License	A License
Day time Phone:		Evening Phone:		Fax:	
Additional Staff	Name:		Position:		
Additional Staff	Name:		Position:		

TEAM ROSTER

Jersey #	First Name	Last Name	Birth date (mm/dd/yy)

District Registrar:	Date:

Email form to: katiethomson@bcsoccer.net