Provincial Cup Declaration Form

To be submitted by the Youth District Soccer Association for the clubs/teams within their district that wish to declare for a Provincial Cup above their level of registration. For example, a B Cup team wishes to declare for Premier or A Cup, or for any non-BCSPL team declaring for the Provincial Premier Cup. If you run out of space on this form, please submit a second form.

Name of Youth District Soccer Association:	
Provincial Cup Competition Year:	

TEAM / CLUB DECLARATION						
Team #	**Team Name**	**Club Name**	**League team competes in**	**Gender**	**Age Level**	**Declaring for which Cup (A, Premier)**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TEAM #1 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 2 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM #3 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone Number:	
Secondary Contact:	Email:	Phone #:
TEAM # 4 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 5 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:

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TEAM # 6 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 7 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 8 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 9 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:
TEAM # 10 INFORMATION		
Full Team Name:		
Team Official Name (Primary Contact):		
Primary Email:	Primary Phone #:	
Secondary Contact:	Email:	Phone #:

SUBMISSION INSTRUCTIONS		
Please submit by December 1		
Submit to the attention of:	Ryan McQuillan, Competitions & Member Services Coordinator	
Submit via one of the following:	1) Mail:	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	ryanmcquillan@bcsoccer.net
	3) Fax:	604.299.9610

Please note, based on number of teams who declare, and the draw for the Premier Cup, teams/clubs/districts if drawn as the home team may be responsible to provide field time to facilitate qualification / play down matches. Upon submission, please send a copy to the appropriate League(s) as well as BC Soccer.

The Youth District Soccer Association listed above hereby declares that the teams/clubs listed above are declaring for the next BC Soccer Provincial Cup as indicated on the chart above.

Name (Please print clearly):	Position:
Signature:	Date (dd/mm/yy):