



OCMBL MALE LACROSSE PLAYER OF THE YEAR

Name of Person Submitting this form: _____

Player Nominee's Name: _____ Team Name: _____

Please expand on the following sections as necessary.

LACROSSE PLAYING HISTORY:

HISTORY OF LACROSSE LEADERSHIP AND MENTORING ACTIVITIES:

COACHING HISTORY AND AWARDS:

REFEREEING, SCOREKEEPING, AND TIMEKEEPING HISTORY:

HISTORY OF OTHER LACROSSE VOLUNTEERING ACTIVITIES AND AWARDS:

Please return this form to:

qcmbxlax@gmail.com

or

Queen City Minor Box Lacrosse
P.O. Box 27052, 420 Albert Street
Regina, Saskatchewan S4R 8R8
Attention: **Male Player Award**