

## INTERNATIONAL SOFTBALL CONGRESS Official ISC World Tournament Roster Form

This form is to be sent to the email addresses below on or before May 1, July 15 and August 9.

	Team: (Team name, city, state/province)			Port Elgin Blue Devils Ontario Date:						8/8/2010	Team No.
	Manager Name:	Manager Name: Jim McKinnon		E-mail address:   Imckinnon@bmts.com							_
	Manager Address:									Zip/Postal:	
	Home Phone:		H	Hotel/Motel:						Hotel Phone:	
	Cell Phone:	Cell Phone:			** Cell Phone must be someone who will be at the entire tournament and can						or night**
	Player Names	(18) Player Limit except for Leger								Family Members 1	
	Last Name	First Name	Uniform #	-1	Region	PRAWN	Newcomer	r City, State		*must have the sar	me address as player
1-	Christie	Scott		2 p/inf	<u> </u> '	<u> </u> '	<b></b> '	Toronto O	ntario		
2-	Detzler	Shawn		7 2b	<u> </u>	<u>'</u>	<u></u> '	Mildmay C	Ontario		
3-	Dudgeon	Ryan	39	ss/c	<u> </u>	<u></u>	Yes	Port Elgin	Ontario		
4-	Fawcett	Rob	60	p	<u> </u>	<u>  [</u> '	<u> </u>	Port Elgin	Ontario		
5-	Hamilton	Matt	77	p		['	Yes	Owen Sou	ınd Ontario		
6-	Lantz	Brian	8	3b			Yes	Hanover O	Ontario		
7-	Lisk	Tony	6	6 1b/dp				Owen Sou	ınd Ontario		
8-	Maas	Brian	24	1b/of	['	<u> </u>	Yes	Port Elgin	Ontario		
9-	Reiley	Mike	3	3 c/of				Port Elgin	Ontario		
10-	Reinhart	Matt	18	3 of				Drayton O	Ontario		
11-	Smith	Scott	9	р			Yes	Mildmay C			
12-	Thede	Greg	7	of/3b				Port Elgin			
13-	Turcotte	Matt	50	1 -			Yes	Port Elgin			
14-	Underwood	Blake	20	-11			Yes	Port Elgin			
15-	Whitney	Aaron	10	of		<u> </u>	Yes	Tara Ontar	rio		
16-	Whitney	Ryan	74	1 b/ss			Yes	Tara Ontar	rio		
17-	Barfoot	Troy	_1	inf			Yes	Wiarton O	Ontario		
18-	McKinnon	Darryl	5	2b/3b			Yes	Port Elgin	Ontario		
111	Legends teams only are allo	owed twenty (20) players.									
L-19											
L-20											
•		nel directly affiliated with your te							fans, relatives	s (unless specifica	lly fulfilling
	that function), news m	that function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate.								Family Mamhar	s Passes (Names)*
		Last Name	First Name	ne		Uniform#	# City, State	e/Province		•	ame address as team official
1-	Field manager	McKinnon	Jim				Port Elgin Ontario				ALLE STANDARD OF THE STANDARD
2-	Coach	Maas	Murray				Port Elgin				
3-	Coach				'	['					
4-	Scorekeener	,	4								

All teams should attach their completed roster form to an email and send to the below email addresses.

Outlook and Outlook Express Users can Click on the first Email address below to create an Email. Then attach your roster and send.

E-mail to:

Trainer

iscstat@hotmail.com, stats4u@iscfastpitch.com, iscken@comcast.net, blairjs@rogers.com, jrwilliamson@foodfacility.com, hdewild@milwpc.com, jim@fastpitchwest.com, kbeane8@yahoo.com