| 3 | | | I | ITERN | ATION | AL SO | FTBAL | L | | | | SEC AL |
|----------|--|------------------------------|-------------------------------------|--|------------|--------------------------------|-------------|-----------------|-------------------|--|----------------------|----------------|
| Gast S | I F I B A L Peter | | | | | | ment Rost | | | | | CUMMEN |
| 0 | GR L | | This form is | This form is to be sent to the email addresses below on or before May 1, July 13 and | | | | | | | | |
| | Team: (Team name, ci | Kegel Bla | Kegel Black Knights, Fargo ND Date: | | | | | | | <u>Team No.</u> | | |
| | Manager Name: | Kyle Koterba | E-mai | laddress | kotarba ka | le@gmail.o | | | | | | |
| | Manager Name. | Kyle Kolelba | | i audiess. | KOLETUA.Ky | ne@gman.c | | | | | | |
| | Manager Address: | d MN | | | | | | | Zip/Postal: 56560 | | | |
| | Home Phone: | 701-730-4689 | He | otel/Motel: | | 1 | · · · · · | | î | Hotel Phone: | | |
| | Cell Phone: | 701-730-4689 | ** Cell Pl | 10ne must | be someor | ie who will | be at the o | entire tou | rnament and | can be contacte | d day or nigh | t** |
| | Player Names | (18) Player Limit except f | or Legends Teams | | Out of | | | | | Family Members | Passes (Names |)* |
| | Last Name | First Name | Uniform # | | Region | PRAWN | Newcomer | City, State | e/Province | *must have the sa | ame address as | player |
| 1- | Bruner | Tyler | 25 | OF | | | | St Paul, N | ΛN | | | |
| 2- | Koterba | Kyle | 6 | OF | | | | Moorhea | d, MN | | | |
| 3- | Lewis | Jon | 4 | OF | | | | Amboy, N | ИN | | | |
| 4- | Lewis | Mike | 20 | IF/OF | | | | Amboy, N | ИN | | | |
| 5- | Boom | BJ | 41 | OF | | | | Sioux Fal | ls, SD | | | |
| 5- | Reimer | Peter | 18 | IF | | | | Landmark, AB | | | | |
| 7- | Giesbrecht | Rob | 24 | IF | | Х | | Landmark, AB | | | | |
| 3- | Muizalaar | Gerald | 44 | Р | | | | Grand Forks, ND | | | | |
|)- | Harms | Jim | 15 | OF | | | | Bayport, | MN | | | |
| 10- | Warne | Zach | 33 | IF | | | | Sioux Fal | ls, SD | | | |
| 11- | De Jong | Travis | 19 | IF | | | | Sioux Fal | ls, SD | | | |
| 12- | Gulick | BJ | | IF | | | | Hammon | , | | | |
| 13- | Foore | Roman | 45 | IF | Х | | | Boone, N | | | | |
| 14- | Delorit | Jesse | | IF | | | | | Paul, MN | | | |
| 15- | | | | | | | | | , | | | |
| 16- | | | | | | | | | | | | |
| 17- | | | | | | | | | | | | |
| 18- | | | | | | | | | | | | |
| | Legends teams only are | e allowed twenty (20) player | S. | l | | | | | | | | |
| L-19 | | | | | | | | | | | | |
| L-20 | | | | | 1 | | | | | | | |
| | | onnel directly affiliated wi | | | | | | | nclude fans, | relatives (unless | specifically fu | lfilling |
| | that function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate. | | | | | | | | | | | |
| | | | | | | Uniform # City, State/Province | | | 0 | Family Members Passes (Names)* *must have the same address as team officia | | |
| 1- | Field manager | Last Name Lewis | First Nan Jon | ie | | Uniform # | Amboy, MN | | ť | must nave the | e same address as te | as team offici |
| 1- 2- | Coach | Kegel | Jon | | | 4 Anooy, w Moorhead | | | | | | |
| 2- 3- | Coach | | 5.011 | | | | | | | 1 | | |
| 1- | Scorekeeper | | | | | | | | | | | |
| 5- | Trainer | | | | | | | | | | | |
| | 1 | | 11 | aamalat | ad norton | former to a | a an ail a | and come | | w email addre | 00000 | |

| E-mail to: | iscstat@hotmail.com, iscken@comcast.net, blairjs@rogers.com, ftode739@rogers.com, hdewild44@gmail.com, aldoran42@hotmail.com, |
|------------|---|
| | kbeane8@yahoo.com, lachdavid@gmail.com |
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