*	NAT ON		T	NTERN	IATIO	NAL SO	FTRA	LI.				2012 ISC
ast §	OFT BALL Price											Tastoul
6	A G B E		Official 2012 ISC World Tournament Roster This form is to be sent to the email addresses below on or before May 1, July 13 and									THE PARTY OF THE P
	Team: (Team name_city	state/province)		ck Knight						24/07/2012	Team No.	
	Team: (Team name, city, state/province)			reger batek renights, rungo r			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Dutc.	24/01/2012	Team 140.	
	Manager Name:	Kyle Koterba	E-mai	l address:	koterba.k	yle@gmail.	com					
	1.5	1510 101 0 001 1 100								7: 5 . 1		
	Manager Address:	1712 12th St S Moorhead MN								Zip/Postal:	56560	
	Home Phone:	701-730-4689	<u>H</u>	otel/Motel:			1			Hotel Phone:		
	Cell Phone:	701-730-4689	** Cell Pl	none must	be someon	ne who wil	l be at the	entire tou	rnament and	can be contacte	d day or nigh	t**
	Player Names	(18) Player Limit except for Le		Out of					Family Members	D (N)	*	
	Last Names	First Name	Uniform #		Region	PRAWN	Newcomer	City State	/Province	*must have the s		
l-	Bruner	Tyler	25/1	OF	region	1101,111	- ve ve conner	St Paul. N		I muse may e the s	anie uddi ess us	prayer
2-	Koterba	Kyle	6/6	IF				Moorhead				
3-	Lewis	Jon	4/4	OF				Amboy, N				
ļ-	Lewis	Mike	19/7	IF/OF				Amboy, N				
5-	Boom	ВЈ	41/41	OF				Sioux Fal				
	Manley	Regan	+	P	X				merton, NZ			
7_	Giesbrecht	Rob	19/24	IF	71	X		Landmarl				
3-	Muizalaar	Gerald	44/44	P		- 21		Grand Forks, ND				
)_ )-	Harms	Jim	15/15	OF				Bayport,				
0-	Warne	Zach	33/33	IF				Sioux Fal				
1-	De Jong	Travis	28/28	IF				Sioux Fal				
2-	Gulick	BJ	16/16	IF				Hammond, WI				
13-	Foore	Roman	45/45	IF	X							
4-	Delorit	Jesse	18/18	IF	Λ			Boone, NC West St. Paul, MN				
5-	Armitage	Mike	20/20	IF								
.6-	Anniage	Mike	20/20	IF				Albany, V	V1			
17-												
18-												
0-	Lagende teame only one	llowed twenty (20) players.										
19	Legends teams only are a	nowed twenty (20) players.										
J-20			+				<del>                                     </del>					
	List below those person	ı nel directly affiliated with vo	ur team to	whom nass	ses should	be issued.	These she	ould not i	iclude fans.	relatives (unless	specifically fu	lfilling
	List below those personnel directly affiliated with your team to whom passes should be issued. These should not include fans, that function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate.											
		T (N	E' AN			T1 *C /	G'1 G1 1	/D :		Family Member		
l-	Field manager	Last Name Lewis	First Name Jon			4/4	City, State/Province Amboy, MN		*must have the	same address	s as team officia	
1- 2-	Coach	Kegel		Jon		21/21	Moorhead, MN					
 3-	Coach	110501	3011			21/21	IVIOOITICAU, IVII V					
ļ-	Scorekeeper	Boom					Ellsworth	MN				
5-	Trainer											
		All teams should at	ach thair	complete	d vostav	form to o	ın omail	and sond	to the hele	w om ail addr	accac	

	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