

## INTERNATIONAL SOFTBALL CONGRESS Official 2013 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 5.

	Team: (Team name, city, state/province)		Great Lakes Mariners Marshall, MI					Date:	26/04/2013	Team No.			
	Manager Name: Sean Kelly		E-mail address: skelly455@gmail.com							Jersey colors:	Black	Gray	
	Manager Address:								Zip/Postal:	49245			
	Home Phone:	Phone: 269-967-2892								Hotel Phone:			
	Cell Phone:	** Cell Phone must be someone who will be at the entire tournament and ca						ment and can	be contacted da	y or night**			
	Player Names	ds Teams		Out of	Newcomer			Family Members Passes (Names)*					
	Last Name	First Name	Uniform#	Position	Region	PRAWN	to ISC	City, State/	Province	*must have the sa	me address as pla	yer	
1-	Kelly	Sean	4	P				Marshall, I	MI				
2-	Kelly	Trevor	21	C,SS				Marshall, l	MI				
3-	Kelly	Tyler	24	P,1B				Battle Cree	ek, MI				
4-	Saylor	Adam	8	OF,1B				Marshall, l	MI				
5-	Saylor	Ryan	13	OF,2B				Galesburg,	MI				
6-	Dudley	Tyler	3	SS				Battle Cree	ek, MI				
7-	Kunkel	Bill	15	OF				Eaton Rap	ids, MI				
8-	Binkley	Adam	9	IF,OF				Bremen, IN	N				
9-	Kowitz	Brent	44	С				Marshall, l	MI				
10-	Lewis	Rob	6	IF				Quincy, M	I				
11-	Ferguson	Chad	1	IF,OF				Battle Cree	ek, MI				
12-	Jacobs	Joe	10	OF				Frankenmu	ıth, MI				
13-	Heinline	Chris	2	P,3B				Midland, N	ΛI				
14-	Powers	Jon	7	2B,OF				Marshall, l	MI				
15-													
16-													
17-													
18-													
	Legends teams only are all	Legends teams only are allowed twenty (20) players.											
L-19													
L-20													
	List below those personnel directly affiliated with your team to whom passes should be issued. These should not include fans, relatives (unless specifically fulfilling that function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate. Total # of passes limited to 35.  Family Members Passes (Names)*  Last Name  First Name  Uniform # City, State/Province  *must have the same address as team off												
1-	Field manager	Saylor	Steve		Marshall, MI			1	must have the s	ame auuress as	s team official		
2-	Coach	Kelly	Ben				Battle Creek, MI						
3-	Coach												
4-	Scorekeeper												
5-	Trainer												
		All teams should a	ttach their	complet	ed roster	form to a	n email a	nd send to	o the below	email addresse	2S.		

Outlook and Outlook Express users can click on the first email address below to create an email. Then attach your roster and send.

iscstat@hotmail.com, lfisher838@ameritech.net, blairis@rogers.com, ftode739@rogers.com, hdewild44@gmail.com, aldoran42@yahoo.com, LHunt@visitquadcities.com

E-mail to: