

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)		Hustlehogs DeKalb, IL Date:							29/04/2013	Team No.	
	Manager Name: Brian Tobin		E-mail address: ilfastpitch@gmail.com							Jersey colors:	Orange	Black
	Manager Address:								Zip/Postal:	60115		
	Home Phone:	Hotel/Motel:							Hotel Phone:			
	Cell Phone:	** Cell Ph	one must b	e someone	one who will be at the entire tournament and car				1 be contacted day or night**			
	Player Names	(18) Player Limit except for Legen	ds Teams Out of			Newcomer			Family Members Passes (Names)*			
	Last Name	First Name	Uniform#	Position	Region	PRAWN	to ISC	City, State/Pr	ovince	*must have the sar	me address as play	er
1-	Nicholson	Blaine	1	P			X	Chicago, IL				
2-	Pittman	Kyle	2	UT			X	Sugar Grove,	IL			
3-	Crutcher	Chad	3	IF				Waterman, II	_			
4-	Colvin	Jon	6	OF			X	DeKalb, IL				
5-	Leahy	Aaron	7	UT			X	Sycamore, IL	,			
6-	Armes	Jay	8	UT				DeKalb, IL				
7-	Smith	Matt	9	OF				Sycamore, IL	,			
8-	Beal	Scott	10	C/DH				Grayslake, IL	,			
9-	Tobin	Brian	11	P/IF				DeKalb, IL				
10-	Cardella	Fred	15	OF			X	DeKalb, IL				
11-	Elmer	Brandon	22	UT			X	Machesney P	ark, IL			
12-	Crouch	Brian	33	C/IF				DeKalb, IL				
13-	Lubkeman	Todd	50	P			X	Bristol, WI				
14-	Elmer	Dylan		UT			X	Machesney P	ark, IL			
15-												
16-												
17-												
18-												
	Legends teams only are all	owed 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 offi											
1	Eigld manager	Last Name Tobin	First Name Brian		11	# City, State/Province DeKalb, IL			must nave the s	same address as	team official	
1- 2-	Field manager Coach	Smith	Matt			9	Sycamore, IL					
3-	Coach	Simui	111411			2	Sycamore, in					
4-	Scorekeeper											
5-	Trainer											
		All teams should at	ttach their	complete	ed roster	form to a	n email a	ınd send to t	he below	email addresse	?s.	

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: