	Team: (Team name, city, state/province)			Shakespeare Falcons, Shakespeare ON						
	Manager Name:	Trevor Glaab		E-mail address:		slabs14@gmail.com				
	Manager Address:	2278 Webster St. Shakes	2278 Webster St. Shakespeare ON							
	Home Phone:	(519) 625-1371				Isle Casino				
	Cell Phone:	(519) 301-3966				e someone	someone who will be at the ent			
	Player Names Last Name	(18) Player Limit except for First Name	or Legen	ds Teams Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC		
ļ-	Follings	Fred		14	P					
2-	Faulhafer	Rob		9	С					
3-	Boyd	Jamie		61	IF		X			
ļ-	Wicke	Jamie		8	IF					
5-	Glaab	Trevor		5	OF					
5-	McLaren	Matt		42	OF					
7-	Schnarr	Jodie		52	OF					
3-	Rankin	Keith		28	IF		X			
)-	Kalbfleisch	Dan		24	IF					
0-	Harloff	Kyle		43	IF					
1-	Clemens	Jeff		11	IF			X		
2-	VanVolkenburg	Chris		6	P			X		
3-										
14-										
5-										
l 6 -										
17-										
18-										
	Legends teams only ar	e allowed twenty (20) players.				-	(P			
L-19										
L-20										

List below those personnel directly affiliated with your team to whom passes should be issued. These should not that function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate.

		Last Name	First Name	Uniform # City, Stat
1-	Field manager	Glaab	Trevor	5 Shakespea
2-	Coach			
3-	Coach			
4-	Scorekeeper			
5-	Trainer			

All teams should attach their completed roster form to an email a

Outlook and Outlook Express users can click on the first email address below to cre

iscstat@hotmail.com, lfisher838@ameritech.net, blairjs@rogers.com, ftode739@r LHunt@visitquadcities.com

E-mail to:

	Date:	8/2/13	Team No.		
		Jersey colors:	Black	White	
		Zip/Postal:	N0B2P0		
		Hotel Phone:			
ire tournan	nent and can b	oe contacted day	or night**		
		Family Members			
City, State/I	Province	*must have the sa			
Shakespear	e ON		_		
Shakespear	e ON				
Tavistock C	ON		_		
Rostock, O	N				
Shakespear	e ON		•		
Shakespear	e ON				
Waterloo O	N		_		
Barrie ON					
Tavistock C	ON				
Guelph, ON	1				
Cambridge,	ON				
Hamilton, C	ON				
			_		
			_		
			•		
			•		
			•		
		(unless specifical	lly fulfilling		
Fotal # of passes limited to 35.					
/Province	Family Members Passes (Names)* rovince *must have the same address as team official				
e, ON				S TOWALL GILLOW	
			•		
			<u>-</u>		
			•		

nd send to the below email addresses.

eate an email. Then attach your roster and send. ogers.com, hdewild44@gmail.com, aldoran42@yahoo.com,