

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)		WF Knights Date:							30/04/2013	Team No.	
	Manager Name:	Andrew Potter	E-mai	l address:	trwturk@y	/ahoo.com				Jersey colors:	BLUE	BLACK
	Manager Address:	go, ND							Zip/Postal:	58078		
	Home Phone:	701 793 2987	<u>H</u>	otel/Motel:						Hotel Phone:		
	Cell Phone:	** Cell Phone must be someone who will be at the entire tournament and ca						can	n be contacted day or night**			
	Player Names	Names (18) Player Limit except for Legends Teams Out of Newcom								Family Members I	Passes (Names)*	
	Last Name	First Name	Uniform#	Position	Region	PRAWN	to ISC	City, State/Province		*must have the sar	ne address as pl	ayer
1-	Prime	Jackson	3	P	X		X	Auckland, NZ				
2-	Watts	Ben	5	P/inf	X			Dunedin, NZ				
3-	Oxtley	Matt	11	С	X		X	Auckland, NZ				
4-	Noriega	Zach	15	Utl			X	Fargo, ND				
5-	Potter	Andrew	17	Inf			X	West Fargo, ND				
6-	Potter	Nate	12	OF			X	West Fargo, ND				
7-	Twieten	Nick	8	Inf			X	Fargo, ND				
8-	Hanson	Mike	14	Inf			X	Dilworth, MN				
9-	Holm	Jace	19	Inf			X	Fargo, ND				
10-	Johnson	Matt	22	C/Inf			X	West Fargo, ND				
11-	Gabel	Matt	6	OF			X	Dilworth, MN				
12-	Holloway	Doug	34	OF				Fargo, ND				
13-	Anderson	Matt	4	OF			X	Fargo, ND				
14-	Johnson	Pat	18	P				West Fargo, ND				
15-												
16-												
17-												
18-												
	Legends teams only are all	lowed 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 office												
	T. 11	Last Name First Name Wilson Tom			1		# City, State/Province Fargo, ND			must have the s	ame address a	s team official
1- 2-	Field manager Coach	Wilson	Ben			43	Fargo, ND					
2- 3-	Coach	Potter	Dell			raigo, ND						
3- 4-	Scorekeeper											
5-	Trainer											
		All teams should a	ttach their	complet	ed roster	form to a	n email a	nd send to the bel	ow o	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: