

INTERNATIONAL SOFTBALL CONGRESS

Official 2014 ISC World Tournament Roster Form



This form is to be sent to the email addresses below on or before May 15, July 15 and August 4.

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	Team: (Team name, city, state/province)	NIAGARA SNAPPERS, Niagara Falls, ON				Date:	04/08/2014	Team No.		
	Manager Name:	Matt Lyon <u>E-mail address: </u>				y@yahoo.	<u>ca</u>	Jersey colors:	Black, Red & White	
	Manager Address:	416 Geneva Street, St. Catharines, ON						Zip/Postal:	L2N 2H1	
	Home Phone:	905-397-4852	<u>H</u> c	otel/Motel:				Hotel Phone:		
	Cell Phone:	905-401-7923	** Cell Pho	** Cell Phone must be someone who can be contacted da				ay or night**		
	Player Names	(18) Player Limit except for Legends Teams	•		Out of		Newcomer			
	Last Name	First Name	Uniform#	Position	Region	PRAWN	to ISC	City, State/Provi	nce	
1	Young	Scott	00	OF				Fonthill, ON		
2	Newson	Darren	2	C		X		Niagara Falls, O	N	
3	Avery	Tom	6	OF	X	X		Courtland, NY		
4	Dobbin	Peter	10	IF				Niagara Falls, O	N	
5	Carr	Dean	11	C / IF				Burlington, ON		
6	Alexander	Adam	12	IF			X	Cargil, ON		
7	Newhouse	Kevin	15	IF				St. Catharines, C	ON	
8	Phibbs	Andrew	17	P		X		Hagersville, ON		
9	Falk	Trevor	19	OF				Niagara on the I	ake, ON	
10	Beslisle	Bryan	22	P/IF				Niagara Falls, O	N	
11	Underwood	Blake	33	OF				Port Elgin, ON		
12	Linton	Kyle	34	P				Toronto, ON		
13	Berube	Tom	54	P				St. Catharines, C	ON	
14	Lyon	Matt	71	IF				St. Catharines, C	ON	
15	Bartley	Perry	77	IF				Niagara Falls, O	N	
16	Gillis	Steve	79	OF				Hamilton, ON		
17	Rothwell	Ryan	88	C / IF				St. Catharines, C	ON	
18	Paylove	Jay	91	P				Pelham, ON		
	Legends teams only are allowed twenty (20)) players.								
19										
20										
List below those personnel directly affiliated with your team to whom passes should be issued. These should not include fans, relatives (unless specifically fulfil a team function), news media, etc. Children under 12 must be accompanied by a pass-carrying adult at the gate. Total # of passes limited to 25.								y fulfilling		
	a team function), news media, etc. Clinic	Last Name Last Name								
1	Field manager	Paylove	Jay			91	Pelham, ON			
2	Coach	Ditta	Paul			8	Buffalo, NY	Buffalo, NY		
3	Coach	Weaver	Bill			50	Niagara Falls, ON			
4	Coach									
5	Sponsor/Trainer		*		., ,,					
	All teams should attach their comp	leted roster form to an email and sen	id to the b	<u>elow ema</u>	ut addres:	ses.				

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, iscfastpitch@gmail.com, blairjs@gmail.com, ftode739@rogers.com, hdewild44@gmail.com, E-mail to: aldoran42@yahoo.com, rickboyd@bell.net