INTERNATIONAL CONGRES

International Softball Congress



Official 2015 ISC World Tournament Roster Form

Manager Admines		This form is to be se	nt to the	<u>email a</u> d	dresses b	elow on	or before	e May 15, July 15 and Augu	ıst 4.
Manager Address: 659 Monarch Place, Waterloo ON 1600 Plene; 659 Monarch Place, Waterloo ON 1600 Plene; 639 974-63160 1600 Plene; 1639 974-63160 1600 Plene; 1630 Plene; 163	Team: (Team name, city, state/province)	Shakespeare Falcons, Shakespeare	ON			Team No.		Date:	April 1, 2015
	Manager Name:	Larry Cox		E-mail:	larry.cox@bi	mo.com		Jersey colors:	Black / Red
	Manager Address:	659 Monarch Place, Waterloo ON		_				Zip/Postal:	N2V 1X1
Call Profess Call	Home Phone:	(519) 746-5160	Hotel/Motel:						
In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the International Softball Congress, its officers, coaches, sponsors, supervisors and representatives for any injury to may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause. List those personnel directly efficiated with your team to whom passes should be issued. These should not include fairs, relatives (unless appecificatly fulfilling) and ann function), news media, etc. Piger Name (II) Poyr Limit except for Legends Years (IV)			†	must be some	no who can bo	contacted day	or night**		·
List those personnel direct diffiliated with your team to whom passes should be itself. List those personnel direct diffiliated with your team to whom passes should be itself. List those personnel direct diffiliated with your team to whom passes should be itself. List those personnel direct diffiliated with your team to whom passes should be itself. List those personnel direct List those List tho		,	<u> </u>						
Pager Hannes	In addition to giving full consent for may be suffer	my participation, I do hereby waive, ed by me in the normal course of pa	release and h articipation in	old harmless the designate	the Internation d sport and th	nal Softball Co ne activities in	ongress, its o cidental there	fficers, coaches, sponsors, supervisors are eto, whether the result of negligence or any	nd representatives for any injury the other cause.
Pred	List those personnel directly a	affiliated with your team to whom pa	sses should b	e issued. Th	ese should no	ot include fan	s, relatives (ι	ınless specifically fulfilling a team function	n), news media, etc.
Follings Fred	Player Names	(18) Player Limit except for Legends Teams			Out of		Newcomer	•	- PLAYERS SIGNATURE -
Fauthace	Last Name	First Name	Uniform #	Position	Region	PRAWN	to ISC	Province	REQUIRED FOR PARTICIPATI
Boyd	Follings	Fred	14	P				Shakespeare ON	
Marie Same	Faulhaer	Rob	9	C				Shakespeare ON	
Shakespeare ON Shak	Boyd	Jamie	61	IF				Tavistock ON	
Mate Mate Mate Mate Mate Mate Mate Mate	Wicke	Jamie	8	IF				Rostock, ON	
Laurette	Glaab	Trevor	5	OF				Shakespeare ON	
Sam	McLaren	Matt	42	OF				Shakespeare ON	
Schnarr Jodie 52 OF	Laurette	Nick	2	P				Shakespeare ON	
Medhurst	Forbes	Sam	44	IF				Waterloo ON	
Hammell Greg	Schnarr	Jodie	52	OF				Waterloo ON	
Clemens Jeff 11	Medhurst	Andrew	29	OF				Mitchel ON	
Rader Jamie 23 IF Tavistock ON Tavistoc	Hammell	Greg	13	P				Stratford, ON	
Main	Clemens	Jeff	11	IF				Cambridge, ON	
Yantzi Reid 3 IF Tavistock, ON Harloff Kyle 43 IF Guelph, ON Rankin Keith 28 IF Barrie ON Zehr Tyson IF Tavistock ON Legends teams only are allowed twenty 20 players. Last Name First Name Uniform # City, State/Province Field manager Cox Larry 10 Waterloo, ON Coach Coach Image: Coach	Rader	Jamie	23	IF				Tavistock ON	
Harloff Kyle	Kalbfleisch	Dan	24	IF				Tavistock ON	
Harloff Kyle	Yantzi	Reid	3	IF				Tavistock, ON	
Rankin R	Harloff	Kyle	43	IF				Guelph, ON	
Tyson	Rankin	Keith	28	IF					
Last Name First Name Uniform # City, State/Province Cox Larry 10 Waterloo, ON Coach	Zehr	Tyson		IF				Tavistock ON	
Cox	Legends teams only are allowed twenty	(20) players.	II	II	II	II	II	П	
Cox									
Cox									
Coach Coach Coach Sponsor/Trainer		Last Name	First Name	Uniform #		City, State/P	rovince		
Coach	Field manager	Cox	Larry	10	Waterloo, O	N			
Coach	Coach								
Sponsor/Trainer Sponsor/Trainer	Coach								
Sponsor/Trainer Sponsor/Trainer	Coach								
	Sponsor/Trainer								
	-	pleted roster form to an email o	and send to i	the below en	nail address	es.			41
		:tt@bt: ::b	@:	blaisia @assas	:	700@======	and Indian State	44@	

E-mail to: iscstat@hotmail.com, iscfastpitch@gmail.com, blairjs@gmail.com, ftode739@rogers.com, hdewild44@gmail.com, aldoran42@yahoo.com,