

Team: (Team name, Team No. _____

Manager Name:

E-mail:

Manager Address:

Home Phone:

Hotel/Motel:

Cell Phone:

**** Cell Phone must be someone who can be contacted day or night****

Personnel directly affiliated with your team to whom passes should be issued. These should not include fans, relatives, or friends.

Player Names		(18) Player Limit except for Legends Teams		Out of	
Last Name	First Name	Uniform #	Position	Region	PRAWN
Wilken	Scott	32	3B		
Postil	Tyler	10	C		
Hamblin	Todd	9	1B		
Brown	Austin	22	2b		
Ashbridge	Steve	7	OF		
McNaughton	Steve	13	P		
Miller	Rory	5	SS/P		
Harris	Andy	91	UTIL		
Boyd	Kris	33	UTIL		
McCaw	Aaron	29	UTIL		
Fuller	Nate	42	OF		

Legends teams only are allowed twenty (20) players.

	Last Name	First Name	Uniform #	City, State/Province
Field manager	Ganton	Dave	8	Michigan, USA
Coach	Hamblin	Todd	9	Queensville, ON
Coach				
Coach				

Sponsor/Trainer	Skelton	Sheryl	Toronto, ON
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All teams should attach their completed roster form to an email and send to the below email address

Outlook and Outlook Express users can click on the first email address below to create an email. Then :

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

	Date:	07/10/2015
	Jersey colors:	Grey/Black/Gold
	Zip/Postal:	M1V 5L7
	Hotel Phone:	

es (unless specifically fulfilling a team function), news media, etc.

Newcomer to ISC	City, State Province	- PLAYERS SIGNATURE - REQUIRED FOR PARTICIPATION
	Hanover, ON	
	Port Perry, ON	
	Queensville, ON	
	Kitchener, ON	
	Port Perry, ON	
	Curve Lake, ON	
	Oshweken, ON	
X	Fenelon Falls, ON	
X	Lindsay, ON	
	Waterloo, ON	
	Ancaster, ON	

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ses.

attach your roster and send.

dewild44@gmail.com, aldoran42@yahoo.com,
