

Manager Name:

Midland Explorers Legends

Peter Finn

E-mail to:

## INTERNATIONAL SOFTBALL CONGRESS

City of Operation: Midland

Address Street/City: 4609 Autumn Ridge Cir. N.

## **OFFICIAL 2018 ISC LEGENDS TOURNAMENT ROSTER FORM**



TEAM#

Zip/Postal:

State/Province

State/Province

MI

Mi



3/4/33

Due Dates are May 15 preliminary season roster). July 15 (deadline for rosters to appear in tournament programs) and the Monday preceding the start of ISC World Tournament (final and official championship roster).

Cell Phone: AVAILABLE DAY & NIGHT		989-488-9194	Email:	Email: pmfinn21@		gmail.com		Date:	5/4/2018	Jersey colors:	Red/ White/ Blue
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, supervisiors and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and activities incidental thereto, whether the result of negligence or any other cause.											
List those personnel directly affiliated with your team to whom passes should be issued. These should not include fans, relatives (unless specifically fulfilling a team function), news media, etc.											
Player Names Last Name First Name			Date of			Newcomer			- PLAYERS SIGNATURE -		
			Uniform #	Position	Birth:	to ISC	City / State/ / Province		vince	REQUIRED FOR PARTICIPATION	
Schultz Sleep		Doug	5	INF P			St. John MI				
Gillis	Doug		24	P			Canton MI				
		Rick	20	P			Midland MI				
Lashuay			15	INF			Midland MI				
		Mitch	2	INF			Sanford MI				
Bohn		Steve	23	INF			Unionville MI				
Wright		Greg	18	Р			Reese MI				
Hoon		Mike	12	INF			Midland MI				
Haut		Darrean	44	OF			Midland MI				
Kuehne		Brian	8	OF			Midland MI				
Richardson		Timm	11	OF			Midland MI				
Ganton		David	32	INF			Reese MI				
Haut		Ken	19	INF/ OF			Midland MI				
Sauve		Greg	10	С			Midland MI				
Lamphere		Larry	22	OF			Lapeer MI				
Finn		Peter	21	Р			Midland MI				
Boetsma		Terry		С		Y	Holland MI				
Last Name First N.			First Name			Uniform #	IL	City, State/Provi	nce	SIGNATURE REQUIRE	D FOR PARTICIPATION
Field manager:	Field manager: Finn		Peter			21		<u>,                                      </u>			
			Steve			23					
Coach:	Ganton		Dave			32					
Coach:	Coach:										
Sponsor:											
Trainer:											

All teams should attach their completed roster form to an email and send to the below email addresses.

Outlook and Outlook Express users can click on the first email address below to create an email. Then attach your roster and send.

pitcn@gmail.com, coohaigs5@snaw.ca, piairjs@gmail.com, kididlenoffer@notmail.com, kdn-smom@notmail.com, keitne39@centurylink.net