



Softball BC ADDITION / DELETION FORM ALL TEAMS

DISTRICT: _____

DATE: _____

ASSOCIATION/LEAGUE: _____

MALE: _____ FEMALE: _____

TEAM: _____

CATEGORY: _____

CLASSIFICATION: _____

SURNAME (PRINT)	FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	SIGNATURE	BIRTHDATE	SBBC #	PLAYER	COACH
PLEASE DELETE										
1										
2										
3										
4										
5										
PLEASE ADD										
1										
2										
3										
4										
5										

NCCP PASSPORT NO.	LEVEL	COACH/MANAGER SURNAME	FIRST NAME	INIT	ADDRESS, CITY (PRINT)	POSTAL CODE	PHONE	SIGNATURE	SBBC #

SEND FORM TO YOUR COORDINATOR UP TO JUNE 5th
 AFTER JUNE 5th SEND TO YOUR DIRECTOR
 minordirector@softball.bc.ca or
 seniordirector@softball.bc.ca

COORDINATORS APPROVAL (Yes/ No) AND DATE:
