



## Softball BC ADDITION / DELETION FORM Minor Teams

DISTRICT: \_\_\_\_\_

DATE: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

TEAM: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

SURNAME (PRINT)	FULL NAME	ADDRESS	CITY	POSTAL CODE	PHONE	SIGNATURE	BIRTHDATE	SBBC #	PLAYER	COACH
<b>PLEASE DELETE</b>										
1										
2										
3										
4										
5										
<b>PLEASE ADD</b>										
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 MINOR COORDINATOR UP TO JUNE 5th  
AFTER JUNE 5th SEND TO MINORDIRECTOR@softball.bc.ca**

<b>COORDINATORS APPROVAL (Yes/ No) AND DATE:</b>
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