

AFTER JUNE 5th SEND TO MINORDIRECTOR@softball.bc.ca

Softball BC ADDITION / DELETION FORM Minor Teams

DISTRICT:_____

DATE:			ASSOCIATION:							MALE: FEMALE:			
TEAM:			CATEGORY:						CLASSIFICATION:				
SURNAME (PRINT)		FULL NAM		ADDRESS	CITY	POSTAL CODE	PHONE	SIGNATURE	BIRTHDATE	SBBC #	PLAYER	COACH	
PLEASE DELETE													
1													
2													
3													
4													
5													
PLEASE ADD													
1													
2													
3													
4													
5													
NCCD DAY	SSDOPT NO	I EVE	LEVEL COACH/MANAGER SURNAME FIRST NAME			INIT ADDRESS, CITY (PRINT)			POSTAL CODE	PHONE	SIGNATURE	SBBC#	
NCCP PASSPORT NO.		LLVLL	COACI	IJ IVIANAGEN SUNNAIVIE	FIN31 IVAIVIE	IIVII	AD	PINESS, CITT (FRIINT)	POSTAL CODE	FIIONL	SIGNATURE	JDDC #	
SEND FORM TO YOUR MINOR COORDINATOR UP TO JUNE 5th					COORDINAT	ORS APPRO	OVAL (Yes/ No) AND D	ATE:					