



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
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 MINOR COORDINATOR UP TO JUNE 15th
AFTER JUNE 15th SEND TO MINORDIRECTOR@softball.bc.ca**

COORDINATORS APPROVAL (Yes/ No) AND DATE:
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