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|  | | **EASTERN CANADIAN SOFTBALL CHAMPIONSHIP CHAMPIONNAT DE L’EST DU CANADA** | | | |
| **OFFICIAL PLAYERS LIST 2024** | | **LISTE DES JOUEURS** | |
| Championship  Championnat | | | Date & location  Date et lie | | |
| This form must be completed by the respective provincial association prior to the start of the championship  Ce formulaire doit être complété par les associations provinciales respectives avant le début du tournoi | | | | | |
| Representing  Représentantv | | | Name of the team & Home town Nom de l’équipe et ville d’origine | | |
| Please refer to **Eastern Canadian Constitution & By-Laws** | | | | | |
| **Full name of players (block letters) Nom au complet des joueurs(lettres moulées** | | | **Uniform# # d e g i l e t** | |  |
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| **NAME OF THE COACHES OR MANAGER NOM DES INSTRUCTEURS OU GÉRANT** | | **ADRESSE AND TEL NUMBER ADRESSE ET NO DE TEL :** | **NCCP PASSPORT # # PASS. PNCE** | | **FULLY CERT. LEVEL NIVEAU CERT .COMPLET** |
|  | |  | cc | |  |
|  | |  | cc | |  |
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| I certify that the information indicated above is in accordance with the Eastern Canadian Championship registration requirements/ Je certifie que les  Informations ci-haut mentionnées sont conformes avec les exigences d’enregistrement des championnats de l’Est du Canada | | | | | |
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| PSO Signature Position | | | Date | | |
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| Print/lettres moulées | | | Approval Provincial President, Executive Director ou EC Rep | | |
| It is the responsibility of the provincial association to complete this form and distribute copies C’est la responsabilité de l’association provinciale de compléter ce formulaire et de distribuer des copies, | | | | | |
|  |  |  |  |  | January 2021 |