



2026 PROVINCIAL CHAMPIONSHIP ROSTER FORM

TEAM NAME:				CATEGORY (A, B, C):				ASSOCIATION:				DISTRICT:				
PLAYERS																
	BIRTHDATE			LAST NAME	FIRST NAME	ADDRESS	CITY/TOWN	POSTAL CODE	PHONE #	E-MAIL						
	YYYY	MM	DD													
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
COACHES/MANAGERS (Must have Respect In Sport (RiS))																
	NCCP #		LAST NAME		FIRST NAME		ADDRESS		CITY/TOWN		POSTAL CODE		PHONE #		E-MAIL	
HC																
AC																
AC																
C/M																
C/M																
For Office Use Only																
Received				Coach Cert Checked				RiS Checked								
APPROVED:																

Form MUST be emailed as an
attachement to: jac@softball.sk.ca

**This roster form must be COMPLETELY filled out to be accepted by Softball Saskatchewan*

**All players and coaches must be affiliated with Softball Saskatchewan prior to deadlines.*