

2026 PROVINCIAL CHAMPIONSHIP ROSTER FORM

TEAM NAME:					CATEGORY (A, B, C):	(A, B, C): ASSOCIATION:			DISTRICT:	
						PLAY	/ERS			
BIRTHDA		ΤE		FIDOT NAS ST	4000555		200741 6025	DUONE "		
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For Office Use Only										<u> </u>
Received						*This roster form must be COMPLETELY filled out to be accepted by Softball Saskatchewan				
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						Form MUST be emailed as an attachement to: jac@softball.sk.ca				
						attachement to. jac@sortball.sk.ca				
APPROVED:							*All players and coaches must be affiliated with Softball Saskatchewan prior to deadlines.			