



2024 PROVINCIAL CHAMPIONSHIP ROSTER FORM

TEAM NAME:				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 attachment to: guy@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.*