



# 2024 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															
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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](mailto: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.*