



Softball Saskatchewan - U13 District Showcase Roster Form

TEAM NAME:				ASSOC/LEAGUE:					DISTRICT:					
PLAYERS														
	BIRTHDATE			LAST NAME	FIRST NAME	ADDRESS	CITY/TOWN	POSTAL CODE	PHONE #	E-MAIL				
	YYYY	MM	DD											
1														
2														
3														
4														
5														
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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							*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.							
Received		Coach Cert Checked		RiS Checked										
APPROVED:							Form MUST be emailed as an attachment to: jac@softball.sk.ca							