



Softball Saskatchewan - Provincial Championship Roster Form

TEAM NAME:	ASSOC/LEAGUE:	DISTRICT:
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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.***