



INTERNATIONAL SOFTBALL CONGRESS



Corporate Graphics
1-800-496-1275

OFFICIAL ROSTER

TEAM

CITY

STATE / PROVINCE

AREA / TRAVEL LEAGUE

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PLEASE TYPE or LEGIBLY PRINT ALL INFORMATION ON THIS FORM.

	PLAYER NAME	PRAWN <small>P=PRAWN PE=PRAWN Exception</small>	Uni #	Pos	ADDRESS	CITY, STATE / PROV, ZIP / POSTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
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14						
15						
16						
17						
18						

	MANAGER / COACH / SPONSOR / STAFF NAMES	Uni #	Pos	ADDRESS	CITY, STATE / PROV, ZIP / POSTAL
1					
2					
3					
4					

LIGHT JERSEY COLOR

DARK JERSEY COLOR

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS FACTUAL AND THE ABOVE PLAYERS ARE MEMBERS OF THE TEAM LISTED ON THIS DOCUMENT.

MANAGER'S NAME	MANAGER'S ADDRESS	CITY	ST / PROV	ZIP / POSTAL
	()	()	()	()
E-MAIL ADDRESS	DAYTIME PHONE	EVENING PHONE	FAX NUMBER	
MANAGER'S SIGNATURE	DATE	ISC COMMISSIONER'S SIGNATURE		DATE

IT IS THE MANAGER'S RESPONSIBILITY TO ENSURE THAT ALL INFORMATION ON THIS FORM IS LEGIBLE & COMPLETE.

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