



# International Softball Congress



## Official ISC Legends Roster Form

Team Name:	<input type="text" value="Canada Maccabi Legends"/>	City of Operation:	<input type="text" value="Vancouver"/>	State/Province:	<input type="text" value="BC"/>	TEAM #	<input type="text"/>
Manager Name:	<input type="text" value="Murray Margolis"/>	Address Street/City:	<input type="text" value="3126 W31st Ave, Vancouver"/>	State/Province:	<input type="text" value="BC"/>	Zip/Postal:	<input type="text" value="V6L2A6"/>
Cell Phone: Available 24/7	<input type="text" value="604-377-2000"/>	Email:	<input type="text" value="margolis@telus.net"/>	Date:	<input type="text" value="15-Jun-26"/>	Jersey colors:	<input type="text" value="Red/White"/>

Please certify you have visited the CDC website and reviewed the concussion protocol information:

 Check Box

Name of person with concussion training:

Participants engaging in softball and activities incidental to softball do so with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, or death. Participants and spectators assume all risk and danger of personal injury, losses, damages to person or property and all hazards arising from, incidental to or related in any way to the game of softball. In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the International Softball Congress, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and activities incidental thereto, whether the result of negligence or any other cause.

**List those personnel directly affiliated with your team for whom passes should be issued. These should not include fans, relatives (unless specifically fulfilling a team function) or other non-team members.**

Player Names		Date of Birth:	Newcomer to ISC	City / State / Province		PLAYER SIGNATURE REQUIRED FOR PARTICIPATION	
Last Name	First Name	Uniform #	Position				
1	Bobroske	Kevin	12	IF	1/1/1971	Victoria, BC	
2	Bohbot	Rob	6	IF	8/30/1973	Yes Montreal, PQ	
3	Bruce	Jim	14	C/DP	5/24/1962	Ladner, BC	
4	Cooper	Rob	51	OF	6/13/1967	Toronto, ON	
5	Cowan	Steve	27	IF/OF	5/12/1971	Tsawwassen, BC	
6	Deveson	Derick	19	OF	8/13/1973	Victoria, BC	
7	Giesbrecht	Rob	29	IF/OF	9/4/1974	Landmark, MB	
8	Goldsmith	Stephen	9	IF	7/16/1970	Toronto, ON	
9	Grant	Marty	20	P	2/16/1966	Richmond, NZ	
10	Krestell	Mike	11	IF/OF	7/24/1967	Thornhill, ON	
11	Makea	Thomas	21	IF/OF	2/20/1975	Wellington, NZ	
12	Margolis	Murray	24	P	7/8/1958	Vancouver, BC	
13	Martin	Jarrad	38	P/IF/OF	2/5/1973	New Plymouth, NZ	
14	McKenzie	Collin	25	P	6/9/1973	Kelowna, BC	
15	Rona	Brad	15	IF/P	2/17/1976	Auckland, NZ	
16	Shannon	Patrick	43	C	6/21/1975	Auckland, NZ	
17	Strang	Darren	33	P/OF	4/11/1976	Richmond, BC	
18	Webster	Dean	13	IF	5/31/1969	Surrey, BC	
19	Wiens	Harv	16	IF/DP	12/30/1974	Abbotsford, BC	
20							

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Margolis	Murray	24	Vancouver, BC	
Coach:	Shields	Marshall	35	Richmond, BC	
Coach:	Margolis	Conrad	4	Vancouver, BC	
Coach:					
Sponsor:	Margolis (Conrad Margolis Law Corp)	Conrad		Richmond, BC	
Trainer:					

**All teams should attach their completed roster form to an email and send to the below email addresses.  
E-mail to: blairjs@gmail.com, richhaldane@gmail.com, keithe39@centurylink.net**