



International Softball Congress



Official World Tournament Roster Form

Team Name: NEW HAMBURG MUSTANGS City of Operation: NEW HAMBURG State/Province: ON TEAM # _____
 Manager Name: MIKE VAN DE WYCKEL Address Street/City: 53 LOUISA ST, BADEN State/Province: ON Zip/Postal: N3A 3T7
 Cell Phone: 519-374-9479 Email: mikevan@wilsonmunters.com Jersey colors: BLACK/WHITE/BLUE
 Out of Region Exception: _____ Name of person with concussion training: RYAN ROTH Date: MAY 31, 2006

Please certify you have visited the CDC website and reviewed the concussion protocol information: Yes No

Participants engaging in softball and activities incidental to softball do so with knowledge of the danger involved and do not 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 Number	Last Name	Player Names	First Name	Uniform #	Position	Out of Region	PRAWN to ISC	Newcomer	City / State / Province	City / State / Province	PLAYER SIGNATURE
1	DURKER	ADAM	MIKE	1	P/3B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
2	ROTH	ADAM	MIKE	5	P/3B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
3	ISBET BENDER	ADAM	MIKE	6	2B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
4	RICKETS	ADAM	MIKE	9	CF				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
5	VAN DE WYCKEL	ADAM	MIKE	15	RF				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
6	DAMAGEST	ADAM	MIKE	14	P/1B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
7	CLOET	ADAM	MIKE	19	P/1B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
8	EICHLER	ADAM	MIKE	44	LF				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
9	VAN DE WYCKEL	ADAM	MIKE	51	C				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
10	CHRISTNER	ADAM	MIKE	65	SS/P				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
11	YOSPER	ADAM	MIKE	37	P/1B				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
12	AGNELLO	ADAM	MIKE	67	OF				NEW HAMBURG, ON	NEW HAMBURG, ON	[Signature]
13											
14											
15											
16											

Field manager: VAN DE WYCKEL Last Name
 Coach: JUTZI First Name
 Coach: ROTH Uniform #
 Coach: _____ City / State / Province
 Sponsor: _____
 Trainer: _____

All teams should attach their completed roster form to an email and send to the below email addresses.
 Email to: blairj@gmail.com, richaldane@gmail.com, gnydick@gmail.com

SIGNATURE REQUIRED FOR PARTICIPATION

[Signature]