Championship/Championnat :       Team Colours/Coul. de l’Équipe : (H)       (A)

Team Name/Nom de l’équipe :

Contact :

Address/Adresse :

City and Postal Code/Ville et code postale :

E-mail/Courriel :       Phone #/no. de téléphone :

Representing Province/Province Représentant :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full Name/Nom complet | Date of Birth/ Naissance(mm/dd/yyyy) | Uniform #/no. uniforme | Position | Province | E-mail/Courriel |
| 1 |       |    /    /      |    |       |    |       |
| 2 |       |    /    /      |    |       |    |       |
| 3 |       |    /    /      |    |       |    |       |
| 4 |       |    /    /      |    |       |    |       |
| 5 |       |    /    /      |    |       |    |       |
| 6 |       |    /    /      |    |       |    |       |
| 7 |       |    /    /      |    |       |    |       |
| 8 |       |    /    /      |    |       |    |       |
| 9 |       |    /    /      |    |       |    |       |
| 10 |       |    /    /      |    |       |    |       |
| 11 |       |    /    /      |    |       |    |       |
| 12 |       |    /    /      |    |       |    |       |
| 13 |       |    /    /      |    |       |    |       |
| 14 |       |    /    /      |    |       |    |       |
| 15 |       |    /    /      |    |       |    |       |
| 16 |       |    /    /      |    |       |    |       |
| 17 |       |    /    /      |    |       |    |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coach/Manager’s NameNom du gérant/entraîneur | CC#/no. de CC | Level/Niveau | Province | E-mail/Courriel |
|       |       |    |    |       |
|       |       |    |    |       |
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|       |       |       |
| Provincial/Territorial RegistrarSecrétaire Provincial/Territorial | Province Ranking/Rang du Provinceeg. ON3, QC2, Host/hôte, etc | Date |

\*It is the responsibility of the Provincial/Territorial Association to complete this form and distribute copies to:

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**1. Softball Canada 2. Supervisor/Superviseur 3. Host/Hôte**