International Softball Congress								
Official ISC Legends Roster Form								
Team Name:	CR BREWERS		City of Operation: Coldstream			State/Province BC		TEAM #
Manager Name:	Roger Jones		Address Street/City: 7213 LOCHHAVEN Drive		9	State/Province BC		Zip/Postal: V1B 1R5
Ū							Date: 03/14/2025	
Cell Phone: Available	(503) 887-3200		Email:	ROGERJ@FA	CFOODS.CC	<u>////</u>	Date: 03/14/2025	Jersey colors: Black / Red / White
Please certify you have visited the CDC website and reviewed the concussion protocol information: Name of person with concussion training: Richard Haldane								
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.								
1	Player N ast Name	lames First Name	Uniform #	Date of Position Birth:	Newcomer to ISC		City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
		CRAIG	23	03-02-1973	N	PARKSVIL	•	
		CRAIG	8	13-04-1971	N	HUNTSVIL	LE, ONT	
3 ETHIER		TREVOR	17	19-10-1975	N	SASKATO	ON, SASK	
		ROB	34	26-06-1975	N	SIMCOE, C	DNT	
5 MacKINTOSH		PAT	38	30-10-1971	N	SASKATOON, SASK		
6 HALDANE		RICHARD	9	27-05-1969	N	COLDSTR	EAM, BC	
		TREVOR	41	09-05-1972	N	AIRDRIE, A	AB	
8 BELL		RANDY	7	05-03-1967	N	AIRDRIE, A	AB	
		GLENN	44	13-10-1970	N	OKOTOKS	, AB	
10 CHALLIS		TERRY	5	29-12-1962	N	WHITBY, C	DNT	
11 POTHIER		MARC	77	14-08-1970	N	EDMONTO	N, AB	
12 WENSTROM		KELLY	19	16-01-1962	N	LANGDOM	l, AB	
13 OSBORN		BRIAN	14	27-07-1975	Y	SMITHERS	,BC	
14 WILLIAMS		TODD	10	08-02-1972	N	SPRUCE G	ROVE, AB	
15 ARNAL JR		EDDIE	13	21-04-1973	N	GLENDOR	A, CA	
16 GRAY		TOMMY	29	12-12-1968	N	ST GEORG	SE, UT	
17 MENDIBLES		ALBERT	33	22-01-1965	N	PRESSCO	TT VALLEY, AZ	
18 MACHADO		LARRY	28	24-10-1965	N	MANTECA	, CA	
19 McDANIEL		DAVE	3	02-01-1973	N	LONGVIEW	V, WA	
20 GONZALES		ADAM	12	29-04-1964	N	AUSTIN, T	X	

20 00 SIGNATURE REQUIRED FOR PARTICIPATION Last Name First Name Uniform # City / State / Province Field manager: JONES ROGER VANCOUVER, WA Coach: GROW TROY YAKIMA, WA Coach: TERRY WOLF CREEK, OR TROY Coach: SITES DENNIS PORTLAND, OR Sponsor: JONES / FIVE STAR SEAFOOD WA/CA ROGER / FIVE STAR SEAFOOD NEWBERG, OR Trainer: WALMER STEVE

All teams should attach their completed roster form to an email and send to the below email addresses.

E-mail to: iscfastpitch@gmail.com, blairjs@gmail.com, sb.woody.coach72@att.net, ck.woodruff@att.net