

International Softball Congress



Official ISC Legends Roster Form

Team Name:	Canada Maccabi		City of Operation:	ity of Operation: Vancouver				State/Province BC	TEAM#	
Manager Name:	Murray Margolis		Address Street/City: 3126 W3		31st Ave, Vancouver			State/Province BC	Zip/Postal:	V6L2A6
Cell Phone: Available 2	24 /7 604-377-2000		Email:		margolis@telus.net			Date: 7/14/2025	Jersey colors	Red/White
Please certify you have visited the CDC website and reviewed the concussion protocol information: Name of person with concussion training: Murray Margolis										
rticipants 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 roon 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 presentatives 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 Newcomer					PLAYER SIGNATURE	
	st Name	First Name	Uniform #	- II		to ISC		City / State / Province	REQUIRED FO	R PARTICIPATION
Anderson		Bricklen		P IF	3/21/1975		Victoria, BC			
Bobroske		Kevin		ļ.,	1/1/1971		Victoria, BC			
Bruce		Jim		C	5/24/1962		Ladner, BC			
Cooper		Rob		OF	6/13/1967		Toronto, Ont			
Deveson		Derick		OF	8/13/1973		Victoria, BC			
Giesbrecht		Rob		IF/OF	9//4/1974		Landmark, MB			
Geboer		Jake		OF	9/21/1970		Delta,, BC			
Krestell		Mike		IF/OF	7/24/1967		Thornhill, Ont			
Mackenzie		Collin		P	6/9/1973		Kelowna, BC			
Margolis		Murray		Р	7/8/1958		Vancouver, BC			
Powell		Brian		IF	7/3/1972		Richmond, BC			
Shannon		Pat		С	6/21/1975		Aukland, NZ			
Silfen		Larry		IF	10/11/1966		Ladera Ranch, CA	4		
Martin		Jarrad		P/IF	2/5/1973		New Plymouth,NZ	Z		
Wiens		Harv		IF	12/30/1974		Abbotsford, BC			
Chan		Gord		IF	8/20/1968		Delta,, BC			
Last Name First Name Uniform # City / State / Province SIGNATURE REQUIRED FOR PARTICIPATION										
			Marshall			Richmond, BC			SIGNATURE REQUIR	ED FOR PARTICIPATION
	Officias		Maisilali				rticilliona, Bo			
Coach:										
Coach:										
	Coach:		0				1/ DC			
			Conrad				Vancouver, BC			
Trainer:										
All teams should attach their completed roster form to an email and send to the below email addresses.										