ional Softball Congress Official ISC Legends Roster Form Team Name: City of Operation: Fairmont State/Province TEAM# Manager Name: Brian Johnson Address Street/City: 553 Winnebago Ave. Fairmont State/Province ip/Postal: 5-27-53 Email: artincountymechanical@gmail.com Cell Phone: Available 24/7 Date: 06-20-25 Jersey colors: White 507-236-4643 Name of person with concussion training: Brian Johnson se should not include fans, relatives (unless specifically fulfilling a team function) or other non-team members. ER SIGNATURE **Player Names** FOR PARTICIPATION Last Name State / Province Uniform # Position Johnson Brian 04-14-69 Fairmont, MN Tapp Meyer Dave Oelke Mike Mike Adelman Jerry Thompson Young Travis Reiter Bob Reiter Joe Dzingle David 11 Heller Butterfield, MN 12 Vulk Jason 13 Nessler Dan 14 Koslowski Brett 15 Froderman Mike 16 Peterson Robert 17 Boom Chad 04-17-68 Barnesville, MN 18 Harms Jim 04-14-68 Forest Lake, MN **Last Name** First Name Uniform # State / Province JIRED FOR PARTICIPATION Field manager: Johnson Fairmont, MN Brian Brian Fairmont, MN Coach: Johnson Coach: Coach: Johnson Fairmont, MN Brian Sponsor:

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na	I.com,	sb.woo	ly.coa	ıch72	@att.ne	t, ck.w	oodruff	@att.ne	t						