

International Softball Congress



Official World Tournament Roster Form									
Team Name:	Sebringville Sting			City of Operation:	Sebringville	State/Province	ON	TEAM#	
Manager Name:	Brett Pfeifer			Address Street/City:	10 Dickens Place Stratford, ON	State/Province	ON	Zip/Postal:	N5A 7G1
Cell Phone: <u>Available 24/7</u> 519-639-1827			Email:	sebringvillesting@gmail.com			Jersey colors:	Yellow/ Black/ White/ Red	
Out of Region Exception:]		Date:	June, 30, 2025
Please certify you h	Out of Region Exception: Date: June, 30, 2025 Certify you have visited the CDC website and reviewed the concussion protocol information: Name of person with concussion training: Brett Pfeifer / Chad Fink								

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.

		Player	Names				Out of		Newcomer		PLAYER SIGNATURE
	Last	Name	Firs	st Name	Uniform #	Position	Region	PRAWN	to ISC	City / State / Province	REQUIRED FOR PARTICIPATION
₁ Fin	nk		Chad		0	P/IF				St.Marys, Ontario	
2 Sa	ger		Tyler		1	OF				Ingersoll, Ontario	
3 Sc	ott		Jesse		6	IF			Х	Toronto, Ontario	
₄ Ge	ettler		Connor		10	OF			Х	Fullarton, Ontario	
₅ Scl	hlotzhauer		Will		11	P/IF				Tavistock, Ontario	
₆ Pfe	eifer		Brett		14	C/IF				Stratford, Ontario	
₇ Sp	ena		Albert		15	OF				Oshawa, Ontario	
8 Be	nder		Blair		18	IF				Wellesley, Ontario	
₉ Err	nest		Scott		24	OF				Mitchell, Ontario	
<u>10</u> Bro	own		Chad		30	P/IF			Х	Tavistock, Ontario	
<u>11</u> Ba	ıld		Aaron		33	IF				Stratford, Ontario	
<u>12</u> Wa	augh		Aaron		63	С				St.Marys, Ontario	
13 Bro	omley		Cody		97	IF				Zurich, Ontario	
14											
<u>15</u>											
<u>16</u>											
		Last	Name	First	Name		Uniform #			City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
F	Field manager: Taylor			Ivan				45 New Hamburg, Ontario			
	Coach:	Bromley Brian		Brian				Stratford, Ontario			
	Coach:										
	Coach:										
	Sponsor: Stahlke-Pfeifer			Jill				Stratford, 0	Ontario		
	Trainer:	Trainer: Cannon Rachel		Rachel				St.Marys, 0	Ontario		

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

Email to: iscfastpitch@gmail.com, blairjs@gmail.com, sb.woody.coach72@att.net