



International Softball Congress



Official World Tournament Roster Form

Team Name: **TOWNSEND TIDE**
Manager Name: **COREY MACLEAN**
Cell Phone: Available 24/7 519 802 6305

City of Operation: **TOWNSEND**
Address Street/City: **WATERFORD**
Email: Tidetownsend@gmail.com

State/Province: **ON**
State/Province: **ON**

TEAM #

Zip/Postal: **N0E1Y0**

Jersey colors: **TEAL / BLACK**

Date: **July 1st, 2025**

Out of Region Exception:

Please certify you have visited the CDC website and reviewed the concussion protocol information:

☒ Yes
☐ No

Name of person with concussion training: **KENT WARDELL**

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		Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name							
1	MACLEAN	COREY	3	SS			WATERFORD, ON	
2	WARDELL	KENT	13	3RD			TOWNSEND, ON	
3	BAUMBER	JORDAN	5	C			TARA, ON	
4	STONE	SAWYER	14	P			JARVIS, ON	
5	MACLEAN	DEVON	27	OF			WATERFORD, ON	
6	BASSINDALE	JEFF	11	2ND			FISHERVILLE, ON	
7	MCCOMB	MITCH	2	UTILITY			CHATSWORTH, ON	
8	SMITH	ETHAN	37	OF			HAGERSVILLE, ON	
9	QUINLAN	DREW	91	OF			OWEN SOUND, ON	
10	CONSTABLE	RHYS	76	UTILITY			SELKIRK, ON	
11	WEISHAR	JARED	15	C			TEESWATER, ON	
12	MOFFITT	TROY	19	OF			WATERLOO, ON	
13	FORD	NICK	43	UTILITY			CALEDONIA, ON	
14	SCHWEYER	DALE	16	P			FISHERVILLE, ON	
15	FRASER	BRODY	34	P	X		UPPER NINE MILE RIVER, NS	
16	BULTENA	NOLAN	10	1ST			ARTHUR, ON	
17								
18								

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	WARDELL	RICK	1	FISHERVILLE, ON	
Coach:	PEEVER	JORDAN	77	SIMCOE, ON	
Coach:	STONE	JOHN	39	JARVIS, ON	
Coach:					
Sponsor:					
Trainer:					

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