

Protected Players Return Schedule
(must be a minimum of 10 and a maximum of 15 listed)

Note: Foreign Passport holders must be marked with a tick in the appropriate column

Must name a min of 9, max of 15	Christian or First Name	Surname	Foreign Player	Position <i>Only Pitchers need to be stated</i>	Parent Club
Num					
1				PITCHER (1)	
2				PITCHER (2)	
3				PITCHER (3)	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

NOTE: ONLY PERSONS REGISTERED WITH THE NFC COMMISSION MAY BE NAMED ON THIS FORM.

This form to be in the hands of Softball NZ by “5pm on Fri 4 Jan 2019”.

Complete forms must be mailed, faxed or emailed to:

**Softball New Zealand, National Fastpitch Championship,
PO Box 30 322, Lower Hutt. Fax: 04 560 0400
Email: eugene@softball.org.nz**