



**SLOW PITCH TEAM CLASSIFICATION APPEAL FORM**

**\*\*\*Do Not Appeal if you have not played the minimum of four events\*\*\***

(Spaces on form will enlarge as you type)

Date of Appeal

Team Name

Registration #

Manager's Name

Address

City

State

Zip Code

Phone Numbers (M)

(H)

E-Mail address

Current Classification

Reason for Appeal:

Please submit the following information: Date, name and location of USSSA Tournaments played in, classification of each (example: D only, B/C equalizer, etc.); tournament record; and a short summary regarding teams played and scores of games. The roster for each tournament must also be included. Attach additional pages as needed.

Date	Name of Event	Location of Event	Class of Event	Placing in Event	Event Record	Comments

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your appeal has to include the entire roster you wish to submit for consideration, and this information **MUST BE ONLINE**. Your STATE DIRECTOR will be contacted first and if he/she approves the request it will greatly affect how the committee handles the appeal.

Team Classification appeal form (above), Roster Classification appeal form (below) must be filled out. Any information on rosters and results can be found on [USSSA.COM](http://USSSA.COM)

**CLASSIFICATION APPEALS WITHOUT THE INFORMATION WILL NOT BE CONSIDERED!!**



**USSSA ROSTER APPEAL FORM**

Your appeal has to include the entire roster you wish to submit for consideration, and this information **MUST BE ONLINE.**

Player Name Currently Listed on 2019 Roster (must match <a href="http://www.ussa.com">www.ussa.com</a> )	2018 Team(s) Played For and Team Class	2017 Team(s) Played For and Team Class
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**\*\* If player did not play in 2018 or 2017, list information for the last year played.**

**Note: Information provided above discovered to be inaccurate can result in automatic denial.**