



## Player Classification Appeal Form

**The following information must be completed for consideration. Information submitted that is discovered to be inaccurate will void the application.**

Note: Where statistical information is requested, if you do not have access to exact records, please estimate and indicate that the statistic is an estimate with an asterisk (\*)

**DEADLINE FOR THIS APPLICATION IS APRIL 1<sup>st</sup> OF EACH YEAR**

(Spaces on form will enlarge as you type)

Name: Birthdate:  
Last, First, M.I.

Address: City: State: Zip  
Phone: E-mail address

If additional space is required, applicants may include an accompanying word document or similar format.

2017	Team(s) Played for	Class	B.A.	HR	All-tourney/MVP etc.
Where did you hit in the batting order:					
World/National/State Tournament Finish:					
	USSSA				All tourney/MVP etc. awards:
	ASA				All tourney/MVP etc. awards:
	NSA				All tourney/MVP etc. awards:
	Other:				All tourney/MVP etc. awards:

2016	Team(s) Played for	Class	B.A.	HR	All-tourney/MVP etc.
Where did you hit in the batting order:					
World/National/State Tournament Finish:					
	USSSA				All tourney/MVP etc. awards:
	ASA				All tourney/MVP etc. awards:
	NSA				All tourney/MVP etc. awards:
	Other:				All tourney/MVP etc. awards:

2015	Team(s) Played for	Class	B.A.	HR	All-tourney/MVP etc.
Where did you hit in the batting order:					
World/National/State Tournament Finish:					
USSSA		All tourney/MVP etc. awards:			
ASA		All tourney/MVP etc. awards:			
NSA		All tourney/MVP etc. awards:			
Other:		All tourney/MVP etc. awards:			

Why should your appeal be granted?

If your appeal is granted, what team and classification will you play for?

Signature

Date

Forward to:    Step 1 - State Director  
                   Step 2 - Vice President  
                   Step 3 - National Committee

Committee Use Only	Date	State
State Director	_____	_____
Vice President	_____	_____
NCC	_____	_____