



SLOW PITCH TEAM CLASSIFICATION APPEAL FORM

(Spaces on form will enlarge as you type)

Date of Appeal

Team Name

Registration #

Manager's Name

Address

City

State

Zip Code

Phone Numbers (H)

(W)

(C)

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. If information is not available through ISTS, copies of score sheets would be considered documentation. 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.**

Submit the package of materials, including the attached 2017 roster form requested to your respective **STATE DIRECTOR.** Tournament information may be obtained at www.usssa.com. **CLASSIFICATION APPEALS WITHOUT THE AFOREMENTIONED INFORMATION WILL NOT BE CONSIDERED!!**

You can find your State Directors e-mail address at www.usssa.com under Find a Director.



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 2018 Roster (must match www.ussa.com)	2017 Team(s) Played For and Team Class	2016 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 2016 or 2015, list information for the last year played.**

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