

NORTHERN CALIFORNIA USSSA 2011 PLAYER MODIFICATION FORM

Request is hereby made to drop from (team name)_____ and play with (team name)_____. I understand that this request subjects our team to reclassification, and that we will accept any reclassification that might result. Final date for roster changes is prior to State Tournament for adult teams (state deadline only).

Team Type: Men's Women's Mixed Corporate Armed Forces Church
 Youth Hispanic Black American Other (specify)_____

Player's Name: _____ Date: _____
(please print)

Player's Address: _____

City _____ Zip _____

Player's Home Phone: _____ Player's Work Phone: _____

Player's Signature: _____

Manager's Name from Team Leaving: _____
(please print)

Manager's Signature from Team Leaving: _____

Manager's Name from Team Moving To: _____
(please print)

Manager's Signature from Team Moving To: _____

Note: A player may make only one (1) roster move within the same category in any year. No player movement is considered official until this form is approved and executed by a Northern California USSSA Classification Committee.

E-mail to: jmckinley@lanset.com

RESULT OF PLAYER MODIFICATION APPEAL:

Player Modification Granted: Yes No Date: _____

Reason, if not granted: _____

Northern California USSSA Classification Committee Signature: _____

Northern California USSSA Classification Committee Name: _____