

NORTHERN CALIFORNIA USSSA 2011 TEAM CLASSIFICATION APPEAL FORM

Date of Appeal: _____

Team Name: _____

Manager's Name: _____

Manager's Address: _____

City _____ Zip _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____ Team's Current Classification: _____

Reason for Classification Appeal: _____

Please submit the following information: Date, name, and location of USSSA tournaments played in, including division participated in (i.e., D only, B-C combo, etc...), tournament record, and information regarding teams played and scores of the games. Copies of score sheets should be submitted if they are available. (attach additional pages if necessary)

CURRENT YEAR RECORD
TOTAL SEASON WINS _____ **TOTAL SEASON LOSSES** _____
TOURNAMENT PERFORMANCE RECAP

Date:	Date:	Date:
Location:	Location:	Location:
VS & Score:	VS & Score:	VS & Score:
VS & Score:	VS & Score:	VS & Score:
VS & Score:	VS & Score:	VS & Score:
VS & Score:	VS & Score:	VS & Score:

(attach additional tournament records if necessary)

Enclose a copy of team's current roster. No appeal will be considered without a roster. Appeals must be received in writing. Attach additional information if needed. Allow two weeks for processing. Teams are not allowed to enter an event of a lower class during this review period. Falsifying player information will result in manager suspension and/or forfeiture of team berths.

E-mail to: jmckinley@lanset.com

RESULT OF TEAM CLASSIFICATION APPEAL:

Appeal UPHELD/Team Moved to: _____ Appeal DECLINED/Team Remains at: _____

Reason for DECLINE: _____

Northern California USSSA Classification Committee Signature: _____ Date: _____

Northern California USSSA Classification Committee Name: _____