



**BSC SOFTBALL, INC
ELITE PLAYER CLASSIFICATION
APPEAL FORM**



DATE OF APPEAL:

PLAYER NAME:

PLAYER'S FULL DATE OF BIRTH:

PLAYER'S CITY & STATE:

EMAIL ADDRESS:

PLAYER'S NUMBER:

CL _____ HM _____

PRIOR YEAR DIVISION:

MC _____ MR _____ WC _____ WR _____

PRIOR YEAR TEAM NAME:

OTHER PAST TEAMS:

PLANNED DIVISION:

MC _____ MR _____ WC _____ WR _____

PLANNED TEAM NAME:

REASON FOR APPEAL:

[Large empty rectangular box for writing the reason for appeal]

PLAYER SIGNATURE:

FINAL DECISION:

Approved _____ Rejected _____

DATE OF DECISION:

BSC SIGNATURE:
