



BSC SOFTBALL, INC  
PLAYER RECLASSIFICATION FORM



SUBMIT COMPLETED FORM TO  
BSCINFO@BLACKSOFTBALLCIRCUIT.COM

**\*\* ALL INFORMATION ON THIS FORM IS REQUIRED \*\***

DATE OF REQUEST:

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LAST COMP TEAM/MOVE UP TEAM & YEAR:

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CURRENT TEAM:

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CURRENT CLASSIFICATION:

MC \_\_\_\_\_ WC \_\_\_\_\_

PLANNED TEAM:

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PLANNED DIVISION:

MC \_\_\_\_\_ MR \_\_\_\_\_ WC \_\_\_\_\_ WR \_\_\_\_\_

PLAYER NAME:

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ADDRESS:

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CITY, STATE, ZIP

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E-MAIL ADDRESS:

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PHONE NUMBERS:

\_\_\_\_\_ CL \_\_\_\_\_ HM

*Please provide a picture with your reclassification request.*

REASON FOR APPEAL:

PLAYER SIGNATURE:

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**\*\* Note:** Appeal will be automatically rejected if a manager or player knowingly provides inaccurate information.