



**BSC SOFTBALL, INC
TEAM RECLASSIFICATION
FORM**



DATE OF REQUEST: _____

TEAM NAME: _____

CURRENT TEAM'S CLASSIFICATION:

MC _____ MR _____ WC _____ WR _____
CC _____ CR _____

TEAM MANAGER: _____

ADDRESS: _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS: _____

PHONE NUMBERS: _____

CL _____

HM _____

REASON FOR APPEAL

"Reason For Appeal" should include the following information: Date, name and location of BSC Tournaments played in, classification of each (example: MC, MR, Equalizer); tournament record; and a short summary regarding teams played and scores of games.

Please attach your complete roster (including date of birth and ethnicity) with your appeal.

DATE OF APPEAL: _____

MANAGER SIGNATURE: _____

FINAL DECISION: Approved _____ Rejected _____

DATE OF DECISION: _____

BSC SIGNATURE: _____

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