

PLAYER CLASSIFICATION REQUEST FORM

Last Name: _____ First Name: _____ Team Affiliation: _____

Current Division Classification: _____ Proposed Classification Request: _____

If you have **NEVER** played softball at any time in your life skip to **SECTION D**.

If you have played softball at anytime in your life, please continue to **SECTION A**.

SECTION A, REQUEST: What type of classification are you requesting?

New player (1): _____ Inactive player(2): _____ Current player(3): _____

1. Player who has **never** (with no classification) played in an ASANA league but has played organized softball.
2. An inactive player will be consider to be a player was a member of an ASANA league, has a previous rating, but has not participated in any league for over two calendar years.
3. Player in good standing with a classification.

SECTION B, HISTORY: Please list your team history for the past 10 years. Include ALL softball and baseball teams on which you were rostered. List any ASA, NSA, USSSA, AMCOM or A&V teams on which you have been rostered .

Did you play softball in High School? No Yes
Did you play softball in College? No Yes (if yes, where?) _____

League Name	Team Name	Level	Dates

SECTION C, EXPLANATION: Give a brief description for your request. If more information is required you will be contacted through email by the committee.

SECTION D: SIGNATURE: Failure to sign the form will void the request.

Player Signature: _____ Manager Signature*: _____ Date: _____

* Manager signature only required if a current player is requesting classification change.