INDIVIDUAL CLASSIFICATION REQUEST FORM
DEAD LINE DATE JUNE 1 OF CURRENT SEASON

All Information Must be filled out

Form will not submitted with incomplete information

|  |  |
| --- | --- |
| *Application Date:* | Click here to enter a date. |

|  |  |
| --- | --- |
| *Players Name:* | Enter First and Last Name |

|  |  |
| --- | --- |
| Street: | Enter Address Information Here |

|  |  |
| --- | --- |
| City: | Enter City Here |

|  |  |  |  |
| --- | --- | --- | --- |
| State: | Enter State | Zip Code: | Enter Zip Code |

|  |  |  |
| --- | --- | --- |
| *Contact Number:* | Click here to enter text. | *(ie:1112223344 no spaces or slashes)* |

|  |  |
| --- | --- |
| *Email Address:* | Click here to enter text. |

|  |  |
| --- | --- |
| *Parent or Guardian:* | Enter First and Last Name |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Birth Date:* | Click here to enter birth date |  | *Age as of December 31 current Year:* | Click here to enter text. |

LAST SIX TEAMS PLAYED FOR

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | year | Positions | team | coach | age | class |
| 1 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |
| 2 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |
| 3 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |
| 4 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |
| 5 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |
| 6 | Year | Select Position | Click here to enter team name | enter coach name | Select Age Div | Select Class |

|  |  |
| --- | --- |
| LAST YEARS TEAM FINISH IN USSSA STATE | Enter |

|  |  |
| --- | --- |
| Have you been awarded “HS ALL STATE HONORS” |  |

|  |  |
| --- | --- |
| TEAM YOU WISH TO PLAY FOR IN UPCOMING SEASON | Enter Team Name Here |

Please submit all information that you think would help the Classification Committee in the decision process.

1. Classification meetings are dealt with on a continual basis until June 1st of the current season.
2. The classification chairman may contact any club coach or high school coach that you have played for and ask for input.
3. You will be contacted regarding the decision of the committee.
4. If your declass request is denied, you have the right to appeal this decision in a face-to-face meeting with the committee.

I hereby submit the following reasons(s) for my declassification request - Be Specific

Type your request information here

|  |
| --- |
| Send completed form to:Fred Flores – Declass Chairmanfitsentp@gmail.com |