



# SOFTBALL PLAYERS ASSOCIATION

P.O. Box 1307  
Mustang OK 73064  
Player Rating Appeal Form



Date: \_\_\_\_\_

Current Rating: \_\_\_\_\_

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_

SPA Players Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Team(s) Playing for: \_\_\_\_\_

\_\_\_\_\_

Age Division: \_\_\_\_\_ Classification: \_\_\_\_\_ SPA Team Registration # \_\_\_\_\_

In the space provided below give reason/s you believe you have been classified wrong. Also attach any documentation you believe may be pertinent and useful information.

**Mail completed form to:**

SPA  
P.O. Box 1307  
Mustang OK 73064

***In order for the committee to consider re-rating a player the following information is required:***

- Playing history current and previous 3 years (teams played on)
- Tournaments participated in and classification competed in IE: MP, M, AAA, AA, Silver, Gold, and Platinum.
- Include all individual achievement awards you have received
- This appeal must be signed and dated by the requester.
- Reason for requesting to be reclassified.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Players Signature: \_\_\_\_\_ Date \_\_\_\_\_

*To God Be the Glory!*

