



SOFTBALL PLAYERS ASSOCIATION



“a fun & rewarding place to play”

PO Box 1307

Mustang OK 73064

405-376-7034

spaoffice@softballspa.net

SPA Team Classification Appeal

Important Note: Teams appealing their SPA Classification must:

1. Have played in a minimum of three (3) senior tournaments at least one (1) of which must have been an SPA Sanctioned event.
2. Fill in the attached “Tournament Information Form” for each of the current year **and** previous year tournaments in which your team competed.
3. Attach **both** the current year **and** previous year rosters.
4. Teams must send this information to the SPA National Office address shown above.

Current SPA Team Ratings may be found at: <http://www.softballspa.com/teamrating.aspx>

(Please print legibly)

Date of Application: _____

Team Name: _____

Team Registration Number: _____

Current Age Division (circle one): 35+ 40+ 45+ 50+ 55+ 60+ 65+ 70+ 75+ 80+

Current Team Classification: _____

Team Classification Being Requested: _____

Team Location: City _____ State _____

Manager’s Name: _____

Address: _____

Telephone: Home: _____ Cell: _____

Email: _____

**Appeals will be reviewed on May 15th, June 15th, July 15th, and August 15th.
The cut-off date to appeal will be the 5th of each of these months.
Appeals will be reviewed by the SPA National Classification Committee.**

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Team Classification Appeal Tournament Information

Copy and complete this page for each tournament that your team participated in for both the current and previous season.

Tournament Date: _____ Association _____

Location: _____
(City) (State)

Age Division Played (circle one) 35+ 40+ 45+ 50+ 55+ 60+ 65+ 70+ 75+

Was this a combined tournament? (Major Plus, Major, AAA, AA) Yes _____ No _____

Total number of teams in Tournament (in your age division): _____

Your team's record at this tournament: Wins _____ Losses _____

What place did your team finish in this tournament? _____

List Teams that you played at this tournament (attach additional sheets if required):

Team Name: _____ Won _____ Loss _____ Score _____ vs _____

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Team Name: _____ Won _____ Loss _____ Score _____ vs _____

Please attach a copy of your teams current and previous year rosters to this form.

Was your team awarded First place in any National Championship last year? Yes _____ No _____

Have any of your players competed during the past 5 years at a classification higher than you are requesting? Yes _____ No _____

If Yes, please list these players: _____

Is anyone on your roster in the National Senior Softball Hall of Fame? Yes _____ No _____

If Yes, please list these players: _____

I hereby certify that the above information is correct and accurate:

Team Manager's Signature

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Team Classification Appeal Managers Notes

(The following lines are for the SPA Classification Committee use only)

Date _____

Re-Classification status: ACCEPTED _____ DENIED _____

Your team has been classified: _____

Please note: Any teams using illegal players will be removed from the tournament and team manager and player(s) will face disciplinary action by SPA.