



# CLASSIFICATION APPEALS FORM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division and Classification of Play

\_\_\_\_\_  
Team name as it appears on the Registration Form

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
District

Telephone (H) ( )  
Area Code

\_\_\_\_\_  
Number

(B) ( )  
Area Code

\_\_\_\_\_  
Number

\_\_\_\_\_  
League Director

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
District

**Include a copy of your current league standings. CURRENT STANDINGS** \_\_\_\_\_

Classification of other teams in your league. \_\_\_\_\_

List your **District Record the past two seasons.** \_\_\_\_\_

<u>TOURNAMENT</u>	<u>CLASS</u>	<u># OF TEAMS</u>	<u>RECORD</u>	<u>LOCATION</u>
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District Tournament record (If applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you participate in the MASA State Finals last year? **CIRCLE ONE** Yes No

Team Classification \_\_\_\_\_ Team Name (if Different) \_\_\_\_\_

**YOUR LEAGUE ROSTER MUST BE ATTACHED TO YOUR APPEAL FORM.**

Please state the justification of your appeal, if necessary, **include additional information and attach it to the APPEAL FORM.**

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**ROSTER CHANGES**

ADDITIONS:

<u>PLAYER</u>	<u>NAME OF PREVIOUS TEAM</u>	<u>CLASSIFICATION</u>
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DELETIONS:

<u>PLAYER</u>	<u>NAME OF PREVIOUS TEAM</u>	<u>CLASSIFICATION</u>
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**STATEMENT OF PHILOSOPHY**

The onus or burden of proof is on the manager of the team making the appeal. It is his responsibility to prove his case.