



USA SOFTBALL MA. JO RECLASSIFICATION FORM (PAGE 2 OF 2)

TOURNAMENTS SCHEDULED TO PLAY IN THIS SEASON:

(It is up to the team to inform the USA SOFTBALL MA. of any changes to this schedule)

Date	Class	Tournament	Location	Director

CLASSIFICATION REQUESTED: A_____ B_____ C_____

REASON FOR RECLASSIFICATION: _____

This form must be completed in its entirety and payment of \$25 must be submitted either by check (made payable to USA Softball MA) or paid via PayPal on the majoasa.org website.

I attest that the material presented herein is true and factual.

Signed: _____ Date: _____