



SOFTBALL PLAYERS ASSOCIATION

"a fun & rewarding place to play"

PO Box 1307

Mustang OK 73064

405-376-7034

spaoffice@softballspa.com



2012 SPA Team Rating Appeal

(Please print legibly)

Important Note: Teams appealing their SPA rating must:

1. Have played in a minimum of three (3) senior tournaments in either SPA or any other association involved with the National Senior Summit.
2. Fill in the attached "Tournament Information Form" for each of the 2011 tournaments in which your team competed.
3. Attach a 2011 roster and a 2012 roster.
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>

Date of Application: _____

Team Name: _____

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

Current Team Rating: _____

Team Rating 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 dead line to appeal will be the 5th of each of these months. Appeals will be reviewed by the SPA National Ratings Committee.



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Team Rating Appeal Tournament Information

Copy and complete this page for each tournament you participated in 2011.

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 2011 and 2012 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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2012 Team Ratings Appeal Managers Notes

The following lines are for the SPA Rating Committee use only:

Re-Classification status: ACCEPTED _____ DENIED _____

Your team has be classified: _____

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

