



SOFTBALL PLAYERS ASSOCIATION

P.O. Box 1307
Mustang OK 73064



Impact Player Appeal Form

Date: _____

PlayersName: _____ Age: _____

SPA Players Registration Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Current Team Playing for: _____

Age Division: _____ Classification: _____

In the space provided below give reason/s you believe you do not belong on the SPA Impact Players List. Also attach any documentation you believe may pertinent and useful information.

In order for the committee to consider removing any player from the list the following information is required.

Mail completed form to:

SPA
P.O. Box 1307
Mustang OK 73064

- Playing history previous 3 years (teams played on)
- Tournaments participated in and classification competed in IE: MP, M,
- Include all individual achievement awards you have received
- This appeal must be signed and dated by the requester.

(use back of page if needed)

Players Signature: _____ Date: _____

TO GOD BE THE GLORY!