



NSF ♦ MSF SOFTBALL
MINNESOTA SPORTS FEDERATION



RECLASSIFICATION APPLICATION

Applications must be in MSF Offices by February 15
For Slowpitch and May 1 for Fastpitch.

In order for the NSF ♦ MSF to consider your petition for reclassification, this application **must** be completed accurately, and forwarded to NSF ♦ MSF offices by February 15 for Slowpitch and May 1 for Fastpitch.

THIS IS MANDATORY AND PETITIONERS WHO DO NOT SUBMIT THIS FORM WILL NOT BE CONSIDERED.

Team Information

Team Name _____ Former Names _____

Team Division (ie. Men's Slow, Women's Slow, Masters etc) _____

League Name _____

Team Manager _____ Address _____

City _____ State _____ Zip _____

Phone H () _____ W () _____

Classification Request

Please circle the classification you desire to placed in: A B C DD D E

Class

How many years have you been your current class? _____

Were you moved up by the NSF ♦ MSF? Yes or No If yes, after what season? _____

State Tournament Record

Please indicate your state tournament record for the past three years:

2017	Class _____ Wins _____ Losses _____	<input type="checkbox"/> Check here if team did not qualify or not applicable
2016	Class _____ Wins _____ Losses _____	<input type="checkbox"/> Check here if team did not qualify or not applicable
2015	Class _____ Wins _____ Losses _____	<input type="checkbox"/> Check here if team did not qualify or not applicable

League Director Information/Acknowledgment

(League Directors must complete the below information)

NSF ♦ MSF RULES REQUIRES THE PETITION TO INCLUDE THE WRITTEN ACKNOWLEDGMENT OF YOUR LEAGUE DIRECTOR.

What was this team's immediate past season league record? Wins _____ Losses _____

Please indicate how many, and classes of the teams in your league?

A _____ B _____ C _____ DD _____ D _____ E _____

= Total League Teams _____

What place did this team finish among all teams in your league? _____

What place did this team finish among the teams in the same class _____
(i.e., Class C a team finishes 4th in a league of 3 B teams and 7 C teams, the correct answer for this question is first place.)

League Name _____

League Directors Name _____ Address _____

City _____ State _____ Zip _____

Phone H () _____ W () _____

League Directors Signature _____

Note to League Directors: You are welcome to contact NSF ♦ MSF offices with your opinion on the above teams classification.

Prior Petitions

Have you petitioned the NSF ♦ MSF Classification Committee before? Yes or No

If Yes, what year _____

Other Pertinent Information

Please indicate below any other information you feel is pertinent to your petition. Attach an additional sheet if necessary.

Please forward by February 15 (slowpitch) or May 1 (fastpitch) to:

NSF ♦ MSF Classification Committee
118 12th Ave N. South St. Paul, MN 55075
PHONE: (651) 451-3140 FAX: (651) 451-3140