



NSF ♦ MSF SOFTBALL  
MINNESOTA SPORTS FEDERATION



RECLASSIFICATION APPLICATION

Applications must be in MSF Offices by March 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 March 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:

2020 Class \_\_\_\_\_ Wins \_\_\_\_\_ Losses \_\_\_\_\_  Check here if team did not qualify or not applicable

2019 Class \_\_\_\_\_ Wins \_\_\_\_\_ Losses \_\_\_\_\_  Check here if team did not qualify or not applicable

2018 Class \_\_\_\_\_ Wins \_\_\_\_\_ Losses \_\_\_\_\_  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 4<sup>th</sup> 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 March 15 (slowpitch) or May 1 (fastpitch) to:**

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