

# NORTHERN CALIFORNIA USSSA 2008 PLAYER MODIFICATION FORM

Request is hereby made to drop from (team name)\_\_\_\_\_ and play with (team name)\_\_\_\_\_. I understand that this request subjects our team to reclassification, and that we will accept any reclassification that might result. Final date for roster changes is prior to State Tournament for adult teams (state deadline only).

Team Type:  Men's       Women's       Mixed       Corporate       Armed Forces       Church  
 Youth       Hispanic       Black American       Other (specify)\_\_\_\_\_

Player's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Player's Address: \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Player's Home Phone: \_\_\_\_\_ Player's Work Phone: \_\_\_\_\_

Player's Signature: \_\_\_\_\_

Manager's Name from Team Leaving: \_\_\_\_\_  
(please print)

Manager's Signature from Team Leaving: \_\_\_\_\_

Manager's Name from Team Moving To: \_\_\_\_\_  
(please print)

Manager's Signature from Team Moving To: \_\_\_\_\_

Note: A player may make only one (1) roster move within the same category in any year. No player movement is considered official until this form is approved and executed by a Northern California USSSA Classification Committee.

E-mail to: [jmckinley@lanset.com](mailto:jmckinley@lanset.com)

## RESULT OF PLAYER MODIFICATION APPEAL:

Player Modification Granted:  Yes       No      Date: \_\_\_\_\_

Reason, if not granted: \_\_\_\_\_

Northern California USSSA Classification Committee Signature: \_\_\_\_\_

Northern California USSSA Classification Committee Name: \_\_\_\_\_