

Adult Softball Team Classification Form

Due by:	Co-Rec__ Men__ Women__ Check one	Season:
Return Form to: Adult Softball Staff		City contact Phone:
City contact email: adult.softball@phoenix.gov		FAX: 602-495-5564

CLASSIFICATION PROCESS

All new teams who did not play in the previous season will be required to complete a Classification skills Form. City Staff will rank the teams according to any known team history and other written information listed on the form. Notification of classification status will be e-mailed, faxed or mailed prior to general registration. All managers are required to know their team's classification prior to registration. Only after the General Registration period will any unclassified team be considered for league placement, providing space is available.

ALL CLASSIFICATION DECISIONS ARE FINAL.

DEFINITION OF SKILL LEVEL

Division "A": Teams with participants who are very talented and experienced softball players. Superior offensive and defensive skills required with good home-run power. Experience playing together as a team helpful, but not essential at this level.

Division "B": Teams with experience playing together as well as individual experience. Very good offensive and defensive skills required with some home-run power.

Division "C": Teams with experience playing together as well as individual experience. Effective offensive and defensive skills required with 1-2 power hitters.

Division "D" Teams with little or no experience playing together and a combination of experienced and inexperienced players. Offensive and defensive skills vary among teammates.

Division "Novice" Teams with little or no experience playing together and little individual playing experience; generally comprised of a group of friends participating solely for recreation.

Manager's Name:	Phone:	e-mail address:	
Street Address:	Apt #	City:	Zip:
Number of season you have been team manager:	If less than one season, who was the previous manager?		
Team Name:	Number of season played?		
Other names(s) this team has played under:	Number of seasons played?		
Rate your team's skill level (circle): A B C D Novice Other:			

Tentative Team Roster

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

The following information will be used to properly classify your team. Once classified, your team will **ONLY** be eligible for the leagues that can accommodate your team's skill level.

SHOW EXPERIENCE OF TEAM WITH MOST RECENT TEAM FIRST.

Team Name:	League Organization:	Game Location:
League Skill Level:	Season Year	Your League Record:
Place awarded in League Play:		Place awarded in Tournament Play:

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Comments:

By submitting this form I acknowledge that all information is answered correctly and to the best of my ability. I understand that if the information is falsified in any manner, my team is subject to suspension from league and tournament play without a refund.

For Official Use Only: Date Received: _____ Received By: _____ Late Registration: _____

The City of Phoenix prohibits discrimination on the basis of race, ethnicity, national origin, sex, religion, age, sexual orientation, or disability in its services, programs and activities. Anyone who believes he or she has been discriminated against may file a complaint with the City of Phoenix Equal Opportunities Department.

 This publication can be provided in an alternative format upon request. Call 602-262-6862 (voice). TDD 602-262-6713 parks and recreation) or 602-534-5500 (city operator) FAX 602-534-3787 e-mail Receptioist.PKS@phoenix.gov