

2017 YOUTH FAST PITCH TOURNAMENT CLASSIFICATION FORM

<u>Please complete and return the classification survey on the following page for all state tournaments prior to June 1st or the deadline of the tournament, whichever is earlier.</u>

| Team Name |
|--|
| Coaches Name |
| Coach E-mail Address |
| Tournament Entering |
| 2016 Win-Loss record |
| 2017 record (as of this date) |
| 2016 state tournament finish |
| 2017 returning players (in same age group) |
| Number of players in first year of age group Second year |
| 2017 retuning pitchers (in same age group) |
| How are your players selected and where are the players selected from (i.e. league, surrounding town, open try-outs from anywhere) |
| What is your current classification in other Associations? |
| What is your overall record this year (as of this date) |
| How many weekend tournaments have you played to date in 2017? |
| How many tournaments do you have scheduled for 2017? |
| You agree that you are the person filling out this form and that the information is completely accurate. Yes No Falsifying any information submitted in this form will result in a team classified to the highest level. No exceptions. |
| <u>Please return no later than the June 1st to:</u> |

email: <u>tltopping@earthlink.net</u>