

Team Manager is ONLY Authorized Appeal Applicant • Please type or print legibly

Submit to: Senior Softball USA • 9823 Old Winery Place • Suite 12 • Sacramento, CA 95827 Mail/Overnight to above • Fax: (916) 326.5304 • Email: bobby@seniorsoftball.com

(Rev. 09/21/2017)

Teams appealing their Senior Softball-USA Rating must:

- 1. Have played a minimum of three (3) Senior Tournaments with SSUSA, ISA and/or SPA;
- 2. Complete the "Tourney Information Form" for each of the three current Season events; and
- 3. Attach Team Rosters for BOTH the previous and current SSUSA Season

NOTE: Ratings are reviewed ONLY two times per year: June and December

Date of Appeal					
Team Name					
Team City				Team State:	
Current Age	50+ Men 75+ Men	55+ Men 80+ Men	60+ Men 85+ Men	65+ Men 40 Men	70+ Men 40 Women
Current Rating	Major Plus	Major	AAA		
Manager			Ce	ll Ph.	
Address 1			Но	me Ph.	
Address 2			Wo	ork Ph.	
City			State	Zip	o Code
F-Mail					

Appeal Submission Checklist and Manager Certification •

Checklist items to submit with Rating Appeal:	Tourney Information Forms (3 minimum) attached Previous Season Team Roster attached
	Current Season Team Roster attached Manager Narrative Supporting Rating Change completed

I hereby certify that the information contained in this Rating Appeal application is true and correct:

X Manager Signature			Date:	
SSUSA USE ONLY Manager notified	Granted Yes	Denied No	New Rating, if any Date Notified	By (initials)

Tournament Information Details (Event 1 of 3)

Submit This Form for Three (3) Qualifying Events

Qualifier Name				Associat	ion	SSUSA	ISA	SPA	
Event Date(s)				City				State	
Competed as	40+	50+	55+	60+	65+	70+	75+	80+	
Teams in Division		Mixed D	vivision? M	ajor+ / Major	/ AAA /	AA	Yes	No	
Tourney Record	Won	Los	Lost Place of Finish in this event						
TOC bid this year?	Yes	No If Yes, what event(s)?							
]	TEAMS YO	OU PLAYEI	D IN THIS		MENT	(<i>MUST</i> be	comple	ted)	
Game 1 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - We	Э	Орр			
Game 2 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - We	9	Орр			
Game 3 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - We	Э	Орр			
Game 4 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - We	9	Орр			
Game 5 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - We	Э	Орр			
Game 6 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - We	Э	Орр			
Game 7 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - We	Э	Орр			

Use additional sheet(s) if necessary • Submit separate form(s) for each Tournament

Tournament Information Details (Event 2 of 3)

Submit This Form for Three (3) Qualifying Events

Qualifier Name				Associa	tion	SSUSA	ISA	SPA	
Event Date(s)				City				State	
Competed as	40+	50+	55+	60+	65+	70+	75+	80+	
Teams in Division		Mixed D	Division? Ma	ajor+ / Majoi	/ AAA /	AA	Yes	No	
Tourney Record	Won	Los	Lost Place of Finish in this event						
TOC bid this year?	Yes	No	lf	Yes, what e	vent(s)?				
]	FEAMS YC	U PLAYEI	D IN THIS	TOURNA	MENT ((<i>MUST</i> be	comple	ted)	
Game 1 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - W	e	Орр			
Game 2 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - W	e	Орр			
Game 3 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - W	е	Орр			
Game 4 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - W	е	Орр			
Game 5 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - W	e	Орр			
Game 6 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - W	e	Орр			
Game 7 Opponent				Орр	onent ra	ting			
Win or Lose?	Win	Lose		Score - W	e	Орр			

Use additional sheet(s) if necessary • Submit separate form(s) for each Tournament

Tournament Information Details (Event 3 of 3)

Submit This Form for Three (3) Qualifying Events

Qualifier Name				Associa	tion	SSUSA	ISA	SPA	
Event Date(s)				City				State	
Competed as	40+	50+	55+	60+	65+	70+	75+	80+	
Teams in Division		Mixed D	vivision? M	ajor+ / Majo	r / AAA /	AA	Yes	No	
Tourney Record	Won	Los	Lost Place of Finish in this event						
TOC bid this year?	Yes	No	li	f Yes, what e	event(s)?	?			
1	EAMS YC	U PLAYEI	D IN THIS	5 TOURNA	MENT	(<i>MUST</i> be	comple	ted)	
Game 1 Opponent				Opp	onent ra	ating			
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
Game 2 Opponent				Opp	oonent ra	ating			
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
Game 3 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
Game 4 Opponent		Opponent rating							
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
<i>Game 5</i> Opponent				Opp	oonent ra	ating			
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
Game 6 Opponent				Opp	onent ra	ating			
Win or Lose?	Win	Lose		Score - W	'e	Opp).		
Game 7 Opponent				Opp	oonent ra	ating			
Win or Lose?	Win	Lose		Score - W	/e	Opp).		

Use additional sheet(s) if necessary • Submit separate form(s) for each Tournament

Manager's Narrative in Support of Rating Change Appeal Attach Additional Sheet(s) if Necessary • Please type or print legibly

Argument in Favor of Granting Appeal •

Submit all relevant data and supporting statements as instructed on Page 1