



RECREATION AND PARKS

Greenville Recreation & Parks

Spring 2019

Team Classification Determination Form

Team Name _____

MANAGER:	
ADDRESS:	CITY:
PHONE NUMBER:	ZIP:
E-MAIL:	

These questions, staff knowledge, along with the pre-season tournament games will be used to help determine league and team divisioning. Please provide candid answers to all questions.

- Did your team participate in last year's softball program?
 Yes What was the name of your team? _____ What season? Fall/Spring
 No
- Does your current team have a total of six (6) or more players who participated on the same team last year?
 Yes No Team Name _____
- Does your current team have a total of six (6) or more players who participated in last year's program on two (2) or more teams?
 Yes State Number of Players: _____
 No
- Does your current team desire to play in the most competitive league (highest classification of play) which will be offered?
 Yes No
- What does your team see as the MAIN reason you play in this softball program:
 Fellowship and Recreation Tough, Competitive Softball
- Rate the overall ability of your team as you see it.
 Low end 0 1 2 3 4 5 6 7 8 9 10 High end
- Rate the overall interest you and your players have in the sport of softball as you see it.
 Low end 0 1 2 3 4 5 6 7 8 9 10 High end

Based on the above questions place your team in the league and division you feel is most appropriate.	
League	Division
<input type="checkbox"/> City Open <input type="checkbox"/> Coed Open	<input type="checkbox"/> A (Serious environment; high level of competition) <input type="checkbox"/> B (Moderately competitive) <input type="checkbox"/> C (Strictly a fun, recreational atmosphere)
	*If you are a CHURCH team, can your team play on Wednesday nights? * YES NO
* Team placement will ultimately be determined by GRPD staff*	

DO NOT WRITE HERE	
Date Received:	
Amount Received:	
Check No:	Cash:
Packet Received:	Yes No
Team Status:	New Repeat
Received By:	

I understand the divisioning process used by the Greenville Recreation and Parks Department. I have answered these questions truthfully and to the best of my knowledge. In the event I feel my team is not divisioned with equitable teams, I understand I have the right to follow GRPD's procedure for switching divisions but understand this is not guaranteed.

MANAGER SIGNATURE _____ DATE _____