



Team Classification Determination Form

RECREATION AND PARKS

Team Name \_\_\_\_\_

<b>MANAGER:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>
<b>PHONE NUMBER:</b>	<b>ZIP:</b>
<b>E-MAIL:</b>	

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"/> 30 & Over	<input type="checkbox"/> A (Serious environment; high level of competition)
<input type="checkbox"/> Church Coed	<input type="checkbox"/> B (Moderately competitive)
<input type="checkbox"/> Church Open	<input type="checkbox"/> C (Strictly a fun, recreational atmosphere)
<input type="checkbox"/> City Open	*If you are signing up for a CHURCH LEAGUE, can your team play on Wednesday nights?*
<input type="checkbox"/> Coed Open	
<input type="checkbox"/> USSSA	
<input type="checkbox"/> Women's	
<b>YES    NO</b>	
<b>* Team placement will ultimately be determined by GRPD staff*</b>	

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 \_\_\_\_\_