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**TEAM RECLASSIFICATION REQUEST**

**(All forms must be accurate and legible or the request will be returned)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sanction Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Year Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sanction Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Returning Players New Players**

**Name DOB Name DOB**

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**If a team is approved for reclassification to Class C, the roster will be frozen and players can only be added through the State Director. A team that has been approved for re-classification, may be returned to the B Class at any time throughout the year, if deemed necessary by the State Director.**

**Please send completed copy to:**

**Karl Swihart**

**N. Indiana NSA State Director**

**kswihart@playnsa.com**