

I hereby request a classification adjustment to Class: **A B C D**
because; (Be specific and have all material presented substantiated by ASA Personnel in your area).

I attest that the material presented herein is true and factual.

Signed: _____ Date: _____

To the best of my knowledge I attest that all statements made herein are true.

Substantiated by: _____

ASA Position: _____

District Commissioner's Signature: _____

All fields are required to make a decision

Complete all information, print and forward this form and all appeal information to the appropriate commissioner or representative below:

<u>Slow Pitch</u>	<u>Modified Pitch</u>	<u>Fast Pitch</u>
Steve Dimitry 210 Liberty Avenue Norristown, PA 19403 (610) 539-9297	Guy Demaio 118 South Cedar Street New Castle, PA 16102 (724) 658-7838	Steve Fornadel 464 North Prince St. Millersville, PA 17551 (717) 872-4570