



# INDIANA AMATEUR SOFTBALL ASSOCIATION, INC.

## 2010 Official Player Re-Classification Form



**PLEASE NOTE:** This re-classification request form is the only acceptable application for re-classification of players in Indiana ASA. Be sure to read and complete each item as accurately as possible. Incomplete or inaccurate information will cause this request to be denied. Be certain you follow instructions for submitting this form, including meeting all deadlines and other obligations.

The procedure for re-classification of players is as follows:

1. Complete this form and mail or fax it so that your Region Vice-President **receives it** no less than one (1) week before the scheduled Region Meeting listed below.
2. You, or a representative chosen by you, **must appear** at your Region Meeting explaining why you should be considered for re-classification and to answer any questions posed by the Classification Committee. **Note:** This representative **cannot** be a Commissioner! Failure to appear **will cause denial** of your application!
3. At the Region Meeting, your Region Classification Committee will interview you or your representative, discuss this form, and make a decision on your request.
4. You will be notified of the decision by mail **after** the State Classification Committee has acted on it at their meeting on Friday, March 19, 2010 – 9 p.m. Eastern. **Note:** If you are approved, it would be wise for you to carry the document you receive to ASA Tournaments, should your ASA Classification be questioned.

**NO OFFICIAL OF INDIANA ASA, FROM THE STATE COMMISSIONER DOWN TO DISTRICT COMMISSIONER, HAS THE AUTHORITY TO RECLASSIFY AN INDIVIDUAL PLAYER ON HIS/HER OWN!**

Region	Day / Date / Time	Region VP Contact Information	Reclassification Meeting Place
<b>1</b>	Saturday, January 30  12 p.m.	Mr. Richard W. Zurbruggen 925 S. Indiana St. Crown Point, IN 46307-5002 Telephone: 219-776-0654 (M) Email: sbzuby@aol.com	Highland Parks & Rec 2450 Lincoln St. Highland, IN 46322-1822
<b>2</b>	Saturday, March 6  9 a.m.	Mr. Robert A. Waters, Jr. 754 Locke Court Nappanee, IN 46550-1216 Telephone: 574-773-7098 (ASA) Email: bwaters48881@mchsi.com	O'Brien Recreation Center 321 E. Walter St. South Bend, IN 46614-2642
<b>3</b>	Saturday, March 6  1 p.m.	Mr. James W. Markland 3908 South Dr. Fort Wayne, IN 46815-4730 Telephone: 260-486-7187 (H) Email: slwptch80@aol.com	Fort Wayne Turners 3636 Parnell Ave. Fort Wayne, IN 46805-1406
<b>4</b>	Saturday, March 13  2 p.m.	Mr. Jay W. Ritter PO Box 139 Westpoint, IN 47992-0139 Telephone: 765-572-2771 (H) Email: jritterasa@aol.com	Jay Ritter's home 6943 Main St. Westpoint, IN 47992-9302
<b>5</b>	Sunday, March 7  10 a.m.	Mr. Donald R. Lombardi 1911 E. Broadway Logansport, IN 46947-2046 Telephone: 574-721-3061 (M) Email: drjлом@netzero.net	Kokomo Parks & Recreation 1402 W. Defenbaugh St. Kokomo, IN 46902-6009
<b>6</b>	Sunday, February 28  1 p.m.	Mr. Leon D. Zachary 226 E. Benton St. Alexandria, IN 46001-9229 Telephone: 765-623-1403 (M) Email: ldzasarep@yahoo.com	Anderson Parks & Recreation 101 E. Oak St. Anderson, IN 46012-2508
<b>7</b>	Tuesday, March 2  7 p.m.	Mr. John A. Benton 8033 E. Acorn St. Terre Haute, IN 47805-9756 Telephone: 812-877-2566 (H) Email: jbenton@ivytech.edu	Wabash Valley Family Sports Center 599 S. Tabortown St. Terre Haute, IN 47803-7735

Region	Day / Date / Time	Region VP Contact Information	Reclassification Meeting Place
<b>8</b>	Sunday, March 7 1 p.m.	Mr. Stephen A. Boone 10338 Watkins Dr. Indianapolis, IN 46234-8513 Telephone: 317-902-8243 (M) Email: booney@avonsoftballpark.com	Avon Softball Park 104 S. County Rd. 625 E. Avon, IN 46123-8291
<b>9</b>	Sunday, March 7 1 p.m.	Mr. Donald R. Kanouse PO Box 237 St. Paul, IN 47272-0237 Telephone: 765-525-9792 (H) Email: thumper1@tds.net	Donald Kanouse's home 206 N. Taylor St. St. Paul, IN 47272-9619
<b>10</b>	Sunday, February 28 12 p.m.	Mr. David L. Nolan PO Box 223 Mitchell, IN 47446-0223 Telephone: 812-849-6669 (M) Email: dave@cpainbluejeans.com	Bedford Parks & Recreation 1102 16 <sup>th</sup> St. Bedford, IN 47421-3722
<b>11</b>	Saturday, March 6 1 p.m.	Ms. LeAnne H. Eberts 4835 W. 600 N. Scipio, IN 47273-9573 Telephone: 812-498-7825 (M) Email: leanneeberts@yahoo.com	Donner Center 22 <sup>nd</sup> St & Sycamore St. Columbus, IN 47201
<b>12</b>	Saturday, February 27 9 a.m.	Mr. Stacy B. Kueber 10856 E. Gibbs Ave. Rosedale, IN 47874-9370 Telephone: 765-730-6145 (M) Email: simmsspainting@aol.com	Evansville Parks & Rec C.K. Newsome Community Center 100 E Walnut St. Evansville, IN 47713-1979

*(Please note: All times listed are **local times**)*

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Player's Name \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCLE ONE:** FAST PITCH SLOW PITCH Circle the ASA classification you are requesting? **A B C D E**

Complete mailing address

\_\_\_\_\_ number & street \_\_\_\_\_ city, state and zip code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (if OK to call!) (\_\_\_\_\_) \_\_\_\_\_

With what team and in what city do you plan to play this season? \_\_\_\_\_

Please write a complete explanation of why you believe that you should be reclassified in the space below.

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**CONTINUED ON THE BACK!!**

Player's Name \_\_\_\_\_ Date: \_\_\_\_\_

**CIRCLE ONE:** FAST PITCH SLOW PITCH Circle the ASA classification you are requesting? A B C D E

Please complete the information below, as accurately as you can recall, for the last three (3) years you participated in ASA Championship Tournament Play (no matter how long ago it has been!):

Year: \_\_\_\_\_ Team Name: \_\_\_\_\_ City of Regular Season Play: \_\_\_\_\_

ASA Classification in which you competed: \_\_\_\_\_ City you represented in ASA Championship Play: \_\_\_\_\_

Circle your highest level of **Tournament** play that year? Semi-State State Regional National Qualifier National

What was your team's won-loss record in the regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

What percentage of the innings did you play regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

What position(s) did you play in regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

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ASA Classification in which you competed: \_\_\_\_\_ City you represented in ASA Championship Play: \_\_\_\_\_

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What percentage of the innings did you play regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

What position(s) did you play in regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

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ASA Classification in which you competed: \_\_\_\_\_ City you represented in ASA Championship Play: \_\_\_\_\_

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What percentage of the innings did you play regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

What position(s) did you play in regular season? \_\_\_\_\_ In ASA Tournament Play? \_\_\_\_\_

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**I have read both sides of this form and understand the provisions and requirements as listed. I have completed this application as honestly and as completely as possible. I understand that providing false, inaccurate, or misleading information will cause my request to be denied. I understand that the ruling rendered by Indiana ASA will be final and official, and I agree to abide by it.**

**Player Signature** \_\_\_\_\_ **Date** \_\_\_\_\_