USA Wheelchair Softball
Classification Roster

Team:_____

Reviewer: _____ Email: _____

#	Player's Name	Class	Status*	Rationale	Yes/No

*Status: List all that apply: **P** for Proposed, **A** for Approved, **C** for Certified

Team #1 Sign off: _____ _____ _____ _____

Reviewer Signature | Print Name | Team Name | Date

Team #2 Sign off: _____ _____ _____ _____

Reviewer Signature | Print Name | Team Name | Date