



Craven County Recreation & Parks Team Classification Determination Form

Team Name & Team Captain: _____

Email Address: _____

Phone Number: _____

These questions, along with staff knowledge, will be used to help determine league and team divisioning. Please provide candid answers to all questions.

1. Did your team participate in last season's Adult Co-Ed Softball program?

_____ Yes What was the name of your team? _____
_____ No

2. Does your team have any returning players who participated last season (on any team)?

_____ Yes
_____ No

3. If yes, how many? What team(s) did they play on?

4. What does your team see as the MAIN reason for participating in this program?

_____ Fellowship & Recreation
_____ Competitive Softball

5. Rate the overall ability of your team as you see it.

Low End 1 2 3 4 5 6 7 8 9 10 High End

6. Rate the overall interest you and your players have in the sport of softball as you see it.

Low End 1 2 3 4 5 6 7 8 9 10 High End

Based on the above answered questions, place your team in the division you feel is most appropriate.

_____ Open Division (Competitive Based)
_____ Recreation Division (Recreation based; focuses on having fun)

***Team placement will ultimately be determined by CCR&PD staff**

I understand the divisioning process used by the Craven County Recreation & Parks Department. I have answered these questions truthfully and to the best of my knowledge. In the event that I feel my team is not divisioned with equitable teams, I understand that I have the right to withdraw my team and request a refund.

Team Captain Signature: _____

Date: _____