

**OKLAHOMA A.S.A.
PETITION FOR RECLASSIFICATION**

OKASA16



TEAM NAME _____

COACH'S NAME (Please Print) _____

COACH'S ADDRESS _____

PHONE _____ CELL _____

QUALIFIED FOR WHICH TOURNAMENT _____

PETITON FOR WHICH TOURNAMENT _____

REASON: _____

COACH'S SIGNATURE _____

TOURNAMENT DIRECTOR'S SIGNATURE _____

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