

APPENDIX A

REQUEST FOR RE-RATING TO A LOWER LEVEL

Please consider me for re-rating to the next lower level due to long term health issues.

Name: _____ Space #: _____

Phone #: _____

Present Rating: _____ Desired Rating: _____

Current Level Team Captain: _____

Date: _____

Player's Signature: _____

Captain's Signature: _____

Reason for Request: _____

Approval by the Rating Committee: Yes _____ No _____

Rating Committee Chairperson Signature: _____

Note: This form must be submitted to the Rating Committee Chairperson.