Return by May 30, 2012
TO
Jane Ryals
5601 NW 88 St.
Gainesville, Fl 32653
352-378-4138 (H)
352-538-0862 (cell)
JaneRyals@cox.net

REQUEST FOR RATING CHANGE

Name:_____Date:_____

Address:_____Zip:_____

Phone:_____

Current Day League Rating:_____Requested Rating_____Team_____

Why do you feel you should be rated at the requested level?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

For Review Committee Use:

Rating change request approved:_____ Rating change request not approved:_____

Committee recommends new rating by a facility pro:_____

Other:

_____
_____

Date:_____Copy Returned to player:_____Player was called:_____

NOTE: If your win/loss record is <u>less</u> than 75% it is <u>very unlikely</u> your rating will change.