

# SUN CITY FESTIVAL SOFTBALL CLUB SKILL RATING APPEAL FORM

As a member of the Sun City Softball Club (SCFSC), you have the right to request a review of your skill rating.

Please complete this Skill Rating Appeal Form and return to the Rating Committee Chairman.

Once submitted, the Chairman will schedule a ratings session and notify the player of the date and time.

NAME: \_\_\_\_\_

CONTACT INFO: email: \_\_\_\_\_

Cell: \_\_\_\_\_

I am requesting a review of my skill rating. (check one)

- My current rating is too low.
- My current rating is too high.

I think that my rating should be

EXPLAIN REASON FOR YOUR REQUEST:

1

2

3

4

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMITTEE DISCUSSION:

Current rating: \_\_\_\_\_

After review rating: \_\_\_\_\_

DECISION: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTIFIED MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMITTEE MEMBER SIGNATURE: \_\_\_\_\_