

TEAM SPORTS
League Classification Appeal Form

I _____, Captain of (the) _____
(Captain's Name) (Team Name)

hereby appeal my _____ team's _____ league classification.
(Sport) (Season / Year)

I am not in agreement with our present classification in the _____ league.
(League Name)

I firmly believe that we should be classified in the _____ league.
(League Name)

Listed below in a clear and concise manner is/are the reason(s) behind our appeal.
(If additional space is needed please write on back or use additional sheets of paper)

Attached is a copy of the (list season/year) _____ most recent team roster and a copy of this season's current team roster, which is mandatory for this appeal to be valid, and any other pertinent information/data (standings, scores) that I feel justify cause for this appeal.

I realize that I will receive the decision from the Community Education & Recreation Office as soon as possible, and if I am not in agreement with it, I have the right to resubmit our appeal in accordance with the Community Education & Recreation's Policy on Hearing Procedures.

Captain's Signature _____ Captain's Name _____

Captain's Address _____
street city zip

Captain's Phone: Day: _____ Evening: _____

Captain's E-Mail: _____ Date Submitted _____

Please fax, mail or bring this form to Community Education & Recreation, 1530 Eisenhower Place, Ann Arbor, MI 48108. Mark it for "Attn: Volleyball Supervisor". Our fax # is 734-973-1553.

FOR OFFICE USE ONLY

Date Received _____ Received By _____