Rating Review Committee
Player Request Form

FOR RATINGS REDUCTION OR PROTEST
(1 form per player)

LAS VEGAS GAY SOFTBALL LEAGUE

Name of Presenter: _____

Team Name: _____



Attach Player Picture Here

Date: _____

Player Name: _____

Player's Current Rating: _____

Review/Protest Question: _____

Summary of Evidence to be presented to RRC: _____

_____

_____

RRC USE: Vote: Yes: _____ No: _____ AB: _____ Keep: _____ Remove: _____ New Rating: _____

Review/Protest Question: _____

Summary of Evidence to be presented to RRC: _____

_____

_____

RRC USE: Vote: Yes: _____ No: _____ AB: _____ Keep: _____ Remove: _____ New Rating: _____

Review/Protest Question: _____

Summary of Evidence to be presented to RRC: _____

_____

_____

RRC USE: Vote: Yes: _____ No: _____ AB: _____ Keep: _____ Remove: _____ New Rating: _____