"3 rd PARTY" APPEAL FORM FOR ANOTHER PLAYER'S SKILL-RATING RE-EVALUATION

Any questions, or need any help, completing this form, contact Clint Berger 913.481.7937, or clintberger@hotmail.com. * Required in order to properly process your appeal * Your Contact ph. #: * Your Name: Your Contact Email Address: * Name of Player You're Requesting be Re-Evaluated: * Specific KCMSSL Team on Which Subject Player Participates - Relative to Appeal Being Filed: * Conference / Division in Which Subject Player's Team Participates (Example: 50+, Silver, Heritage Park, Thursday night): Subject Player's Current Skill Rating (if known): Platinum, Gold, Silver, or Bronze * Appealing Subject Player to be Rated as: Platinum, Gold, Silver, or Bronze Please explain why you feel the subject player should be re-rated (up, or down).

Please send this completed form, along with any medical diagnosis / doctor documentation, or other information supporting your appeal, to info@kcseniorsoftball.org. If you need to provide this completed form, or any other supporting information, to us via hard-copy, please mail it to Clint Berger, 12326 Ash St., Overland Park, KS 66209.