

# Appeal Form

Greater Volusia Tennis League / APPEALS

P O Box 333

Deleon Springs, Fl. 32130-033

GVTL Player Profile Sheet. This form should be used for any player who would like to have his/her rating lowered. The GVTL Rating Review Committee, appointed by the GVTL President, will review the rating request. Only the Appeals Committee will be allowed to lower any rating. The committee will meet to review all rating requests. A \$15.00 fee is required, which includes your Play History Reports. There are two payment options: 1. check payable to the Greater Volusia Tennis League or 2. Venmo - @GVTL-Tennis.

Please circle the number that applies:

1. Player who has played GVTL, but is not listed on the current Level List.
2. Player who is listed on the current Level List and would like to appeal their current rating.
3. Appealing Rule 4 B(d)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year of your last GVTL match \_\_\_\_\_

Name of Club/Team \_\_\_\_\_ Level \_\_\_\_\_

Current GVTL rating \_\_\_\_\_

Have you participated in any other league format other than GVTL since the rating was issued? Yes / NO

If yes, please list the name of those leagues: \_\_\_\_\_

Injury or debilitating condition – A written request must be accompanied by an attending physician's evaluation of the injury and all other substantiating information. The doctor's report must include as a minimum: a description of the health problem, treatment provided with dates (i.e. surgery, therapy,) prognosis and reason why player's ability would be limited. When a player's rating is lowered by the appeal committee due to health problems, that player will be limited to the rated level of the new lower rating. Should the player choose to play on a team at a higher level, at any time during the league season, he or she will lose the lower appeal rating and will be required to play at the higher level only. State briefly the item that applies to your appeal:

---

---

---

---

---

Player's Signature : \_\_\_\_\_