

TEAM SPORTS
League Classification Appeal Form

I, _____ as Manager/Captain of the (team) _____
(Manager's/Coach's/Captain Name) (Team Name)

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

I/We are not in agreement with our present _____ league.
(League Name)

I/We 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 use additional sheets of paper)

Attached is a copy of the (list year/season) _____ most recent league roster and a copy of this year's league roster which is mandatory for this appeal to be valid, and other pertinent information/data 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.

Mgr's/Captain's Signature _____ Mgr's/Captain's Name _____

Mgr's/Captain's _____ Address _____

_____ street _____ city _____ zip

Mgr's/Captain's Phone _____ day _____ evening

Date Submitted _____

Please fax, mail or bring this form to Community Education & Recreation, 1515 S. Seventh St, Ann Arbor, MI 48103. Mark it for Attn: ADULT SPORTS.

IMPORTANT DEADLINE: The deadline to submit a league classification appeal is the Friday prior to the start of Team Registration.

FOR OFFICE USE ONLY

Date Received _____ Received By _____