

WSL Move Down Request Form

Submit to: WSL President

Player Name: _____ Club WSL ID #: _____

Email Address: _____ Cell #: _____

Current Level: _____ Requested Level: _____

Date: _____

Who is Submitting Request: _____ Relationship: _____ Email: _____

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Other Leagues

Level/Type

LITL

Did you play in college? YES NO

USTA

If so, where?

USTA

USTA

OTHER

USTA RATING: 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0

Why do you want to move down?

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WSL Ethics Board Decision

Date: _____

Approved: _____ Denied: _____

Conditions:

Notified: Yes No Date Notified: _____