



REGRADE REQUEST FORM

Do you wish to be regraded – Please circle Yes No

Club _____ Team Number _____

Club Contact Name _____ Coaches Name _____

Present Division : _____ Grade : _____

SCORES

GAME 1 FOR _____ AGAINST _____

GAME 2 FOR _____ AGAINST _____

GAME 3 FOR _____ AGAINST _____

GAME 4 FOR _____ AGAINST _____

REASON TO REGRADE

Signature _____ Print Name _____ Date ___/___/___

OFFICE USE ONLY

Regrading Approved Yes / No Reason _____

By _____ Date ___/___/___