

REQUEST TO MOVE DOWN FORM

TO: Chairman, Ethics Committee

DATE: _____

NAME: _____

ADDRESS: _____ PHONE: _____

City State Zip Code

CLUB/FACILITY: _____

REGULAR DIVISION

MOVE FROM ____ LEVEL OF PLAY TO ____ LEVEL OF PLAY

DOUBLES DIVISION

MOVE FROM ____ LEVEL OF PLAY TO ____ LEVEL OF PLAY

REASON FOR REQUEST:

APPROVED: _____
DENIED: _____
DATE: _____

ETHICS COMMITTEE MEMBERS:

CHAIRMAN

Member

Member