

**Greater Volusia Tennis League**

P.O. Box 97

New Smyrna Beach, FL 32170-0097

GVTL Player Profile Sheet

This form should be used for any player who would like to have his/her rating lowered. Only this committee will be allowed to lower any rating. The GVTL Rating Review Committee appointed by the GVTL President will review the rating request. The committee will meet one time a month to answer all rating request.

A \$15.00 fee is required with this form. Make check payable to the Greater Volusia Tennis League.

(Please circle the number that applies)

1. Player with 8 or less matches listed in current Level List Book.
2. Player who has played in the GVTL, but is not listed in current Level List Book
3. Player who is listed in the current Level List book and would like to appeal current rating.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Year of your last GVTL match \_\_\_\_\_ Name of Club/Team \_\_\_\_\_ Level \_\_\_\_

Current GVTL rating Doubles \_\_\_\_\_ Singles \_\_\_\_\_

Request for rating change in Doubles Yes \_\_\_\_\_ No \_\_\_\_\_ Singles: Yes \_\_\_\_ No \_\_\_\_\_

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:

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Player Signature \_\_\_\_\_