

WSL Move Down Request Form 2023

Submit to: WSL President Cindy Speake

Player Name: _____ Club WSL ID #: _____

Email Address: _____ Cell #: _____

Current Level: _____ Requested Level: _____

Date: _____

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

.....
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: _____