



CPSA Rating Review Request

Player: _____

Team: _____

Division: ___C ___D ___E ___ Master C___ Master D

Rating Question of Concern: _____

For each question noted above, state specifically why you feel this player should be reviewed regarding this question.

Submitted by: _____ Team: _____ Date: _____

*****Please use one form per question per player**

_____ Initial here if you agree to release your name in association with this review request

Please send to CarolinaPiedmontSL@gmail.com or remit paper form to a Board Member