

World Sports League Team Classification Appeal Form

| Date of Appeal: | | | | |
|--|----------|---------|----------|---------|
| Team Name: | | | | |
| Manager: Address: City: | | | | |
| State: Zip: Email: Phone: | | | | |
| Current Classification: Men's C | Men's D+ | Men's D | Men's E+ | Men's E |
| Reason for Appeal (please give as much detail as possible) | | | | |