

NSSL PLAYER PROTEST RATINGS FORM

Date: _____ Field #: _____ Game Time: _____
 Player Name: _____ Jersey Number: _____
 Team: _____ Division: _____
 Person Filing Protest: _____ Umpire: _____

Ratings Protest #1	
Question under review: _____	Current: Y N Proposed: Y N Final: Y N
Reason for review: _____	
Committee Review Notes: _____	

Ratings Protest #2	
Question under review: _____	Current: Y N Proposed: Y N Final: Y N
Reason for review: _____	
Committee Review Notes: _____	

Ratings Protest #3	
Question under review: _____	Current: Y N Proposed: Y N Final: Y N
Reason for review: _____	
Committee Review Notes: _____	

Received by Commissioner:

Date: _____ Commissioner Signature: _____

Request Upheld: _____ Fee Paid: \$175.00 Y N

Request Denied: _____ Per Q#: \$25.00

of Q's: _____ TOTAL PD: _____