

Player Evaluation Appeal Form



Parent Name: _____
Phone Number: _____
E-mail Address: _____

Player Name: _____
Age Division: _____
Team Placement: _____

Reason for Appeal:

Supporting Facts:

Date: _____

Signature: _____

*Forward this completed form to mike@brookslacrosse.ca AND president@brookslacrosse.ca. You will be contacted either by the Evaluation Director or the President requesting the non-refundable fee of \$100 to proceed with the appeal process.