

# RECLASSIFICATION REQUEST FORM

## Requirements to reclassify to a lower division:

1) This request must be submitted **by August 1<sup>st</sup>** to the Iowa ACS Qualification Committee Chairman at 720 Commercial, Waterloo IA 50701 or to [jakeaustin@fischelsmusic.com](mailto:jakeaustin@fischelsmusic.com).

2) The player must have competed in two of the past five years in their current singles division at the Iowa ACS state tournament, and not have finished "in the money." Failure to cash is NOT a guarantee that the reclassification request will be granted.

**NOTE: The IA ACS Qualifications Committee reserves the right to deny any reclassification request, based on known ability, tournament results (IA ACS or otherwise), or any other factor.**

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

League & Operator: \_\_\_\_\_

You and your League Operator will be notified of the Qualification Committee's decision through email or by mail.

## What do you want to do?

- Elite to Master       Master to Advanced       Advanced to Intermediate  
 Intermediate to Open       Open to Standard

What year were you moved into your current division (if known) \_\_\_\_\_

Why do you feel you should be reclassified? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understood the rules governing reclassification requests and feel I have met the requirements. I now request to be reclassified to the division selected above. I also understand that my request may be denied and I may be required to continue playing in my current division. I also have 45 days to appeal the decision.

\_\_\_\_\_  
**Player Signature** **Date**

Qualifications Committee Decision:    Granted \_\_\_\_\_    Denied \_\_\_\_\_    Date \_\_\_\_\_

Reason \_\_\_\_\_