

RECLASSIFICATION REQUEST FORM

Requirements to reclassify to a lower division:

1) This request must be submitted **by August 1st** to the Iowa ACS Qualification Committee at dee.raschke@gmail.com or mailed to 4408 6th St, East Moline, IL 61244.

2.) The player must have competed in 2 (two) of the past 5 (five) years in their current singles division at the IA ACS 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 play for: _____

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 as a player 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 further understand that, based on my observed abilities, my request may be denied, and I may be required to continue playing in my current division.

Player Signature

Date

Qualifications Committee Determination:

_____ **Granted**

_____ **Denied**

Date: _____

Reason: _____