

# Midwest Coin Concepts Ranking Referral Form

This CONFIDENTIAL form is for **YOU** to request placement of **OTHER** players based on their known player ability if they don't fit the league or tournament criteria. If you have someone that you feel warrants being ranked differently than their current rank, please fill out the following information for the player(s) to be reviewed. If warranted, the player(s) will then be reviewed by the League Liaison Committee.

Again, **ALL SUBMISSIONS ARE CONFIDENTIAL.**

**Player Suggested Ranking** *(please indicate next to players name below):*    **C**    **B**    **A**    **AA**    **AA+**    **M**

Player(s) Name(s):	League(s) Player(s) Play In:	Year(s):
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**Please Identify any tournament finishes by the above player(s) that support your suggestion.**

Tournament Name And Place Finished: \_\_\_\_\_ Place: \_\_\_\_\_

Tournament Name And Place Finished: \_\_\_\_\_ Place: \_\_\_\_\_

Tournament Name And Place Finished: \_\_\_\_\_ Place: \_\_\_\_\_

Tournament Name And Place Finished: \_\_\_\_\_ Place: \_\_\_\_\_

**Please provide any comments about the above player(s) that support your suggestion.**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Date: \_\_\_\_\_

League(s) you play in: \_\_\_\_\_

**NOTE:** This form must be filled out **completely** and submitted to the league office.

To submit this form or contact the league office with any questions, you can choose from the options below:

**To Submit by Email:**  
rschleicher@mwcoin.com

**Print Out, then Mail or Fax To:**

**Midwest Coin Concepts  
Pool League Office  
PO Box 7158  
St. Cloud, MN 56302  
(fax) 320-251-6093**

