A-LIST REFERRAL FORM

This form is for placement of people based on known ability if they do not fit the league or tournament criteria listed on the current requirement page. If you feel that you or someone you know is improperly ranked or not ranked and should be on the Stansfield Vending A-List, please fill out the following referral form for the player to be reviewed. If warranted, the player will then be reviewed by a group of players appointed by Stansfield Vending League Dept.

You must fill out this form completely and submit it to Stansfield Vending. If the form is not filled out completely, it will not be reviewed. This is a referral, not a placement guarantee.

PLAYER SUGGESTED RANKING (PLEASE CIRCLE WHICH LEVEL) NOT RANKED A AA M

LEAGUE(S) PLAYER PLAYS IN AND YEAR PLAYED: _____ YEAR: _____

_____ YEAR: _____

_____ YEAR: _____

TOURNAMENT NAME AND PLACE FINISHED _____ PLACE _____

BRIEFLY COMMENT ON YOUR REFERRAL:

_____

_____

_____

_____

_____

_____

SUBMITTED BY: _____

PHONE #_____ EMAIL:_____ DATE: _____

LEAGUE(S) YOU PLAY IN _____

PLEASE SUBMIT FORM BY MAIL TO: STANSFIELD VENDING LEAGUE DEPT.
3172 BERLIN DRIVE
LA CROSSE, WI 54601

OR EMAIL: leagues@stansfieldvending.com

All referral forms must be to Stansfield Vending no later than June 1st prior to that season for possible placement. Remember, this is a referral, not a placement guarantee.