

CENTRAL FLORIDA MEN'S TENNIS LEAGUE

PMB 490

478 East Altamonte Drive, Suite 108

Altamonte Springs, Fl. 32701-4615

Phone & fax 407- 331-4928

Email:cfmtl@earthlink.net

PROTEST FORM

To: The Rules Committee

Date_____

Ref: Date of Match _____Division_____

Teams Involved: _____(facility names not the names of the players, i.e., Sanlando vs Lake Cane)

Rule Number Violated: _____(write down the rule number you feel was violated-if you cannot do this you do not know the rules)

Write a **brief** specific description of the violation(including the names of the players involved)

What do you want the rules committee to do:

_____signature_____

Rules committee decision:_____

_____signature_____