

APA League

Concern Form

My concern is (circle one):

Handicap

Sportsmanship

General Question

Protest

Note: each team must include \$25 fee for a protest only.

My Team Name and Number: _____

Division: _____

Captain's Name: _____

Comments (include all information including team names and player's names):

Use back of form if necessary

Signed by: _____ Date: _____

This form must be filled out signed by the team captain and turned in the night of play.
No Exceptions!

Date received by the LO: _____

Action Taken: _____

