



CGVA Ratings Request Form – Fall 2009

Player Name: _____

Today's Date (MM/DD/YYYY): _____

I plan on playing in the following league (check one or both):

☐ Tuesdays at The Inverness Sports Complex

☐ Fridays at University of Denver

Have you played in a CGVA league before? (Yes/No) _____

Circle your current CGVA Rating if you know it? 1 2 3 4 5 6 7

Have you played in a NAGVA tournament?(Yes/No) _____

Circle your NAGVA Rating if you know it? AA A BB B C

If you haven't played in a CGVA league or a NAGVA tournament, how would you rate your abilities? (Circle one) Beginner / Intermediate / Competitive / Advanced

I am submitting a ratings request because:

☐ I have played before, but do not know my rating.

☐ I would like to be re-rated.

FOR CGVA USE ONLY

Registrar Initials: _____

< FORM TO RATINGS COMMITTEE INBOX >

Date of Rating (MM/DD/YYYY): _____

Rater #1: _____

Rater #2: _____

Rater #3: _____

Rating: ☐

<FORM TO DATA ENTRY INBOX>

Data Entry Initials: _____