



Midwest Coin Concepts

Ranking Referral Form

This CONFIDENTIAL form is for placement of people based on known 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 to be reviewed. If warranted, the player will then be reviewed. Again, **all submissions are confidential.**

Player Suggested Ranking (please circle): *B* *A* *AA* *AA/M*

Player(s) Name:	League Player(s) Plays In:	Year(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tournament Name And Place Finished: _____ Place: _____

Tournament Name And Place Finished: _____ Place: _____

Tournament Name And Place Finished: _____ Place: _____

Tournament Name And Place Finished: _____ Place: _____

Comments: _____

Submitted by: _____ **Phone #** _____ **Date:** _____

League 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, contact us at:

Midwest Coin Concepts
Pool League Office
PO Box 7158
St. Cloud, MN 56302
(p) 320-258-5959
(f) 320-251-6093