APA League Concern Form

Check One: < > Handicap < > Sportsmanship < > General Question

Concern From:

Team Name_____ Team #_____ Division _____ Captains Name_____

Concern About:

Team Name_____ Team #_____ Division _____ Captains Name_____

Comments:

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Signed by: _____ Date_____

This form must be filled out and signed by the Team Captain and must be turned in the night of play. NO Exceptions!!

Date received by LO: _____

Action Taken:

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