



## **2007 Early Start Rating MEDICAL Appeal Form**

**Appeal Deadline – September 20<sup>th</sup>, 2007**

**Appeal Fee – Medical appeals ONLY - \$10.00**

**Medical appeals must be mailed to:**

**USTA Florida  
1 Deuce court, Suite 100  
Daytona Beach, FL 32124**

**Medical appeals must include documentation on Dr.'s letterhead stating date injury occurred, treatment offered and prognosis.**

**Date \_\_\_\_\_**

**USTA Membership # *(required)* \_\_\_\_\_**

**Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Phone (        ) \_\_\_\_\_**

**e-mail \_\_\_\_\_**

***\*(Providing your e-mail address expedites the response process)***

**Age: 19 – 59 years old                  60+ years older**

**Current published early start rating \_\_\_\_\_**

**Request rating change to \_\_\_\_\_**

**Signature \_\_\_\_\_**

***\*(Only the player can appeal his/her own rating)***

**You will receive a response within 15 business days**