



Competition Individual Team Grading Information Sheet

CLUB: _____

COMPLETED BY: _____

TEAM: Age: _____ Team number (within your Club): _____ Mixed/Women's: _____
Division applied for: _____ Rating (?/10): _____ (10 - Highest, 1 - Lowest)

Previous year Division (if applicable): _____ Position on Table previous year (if applicable): _____

Number players new to this team: _____ Are these players from: Higher grade: _____
Lower grade: _____
New to Club: _____

Is this a composite team (eg 13/14 year olds): _____

Any other comments to support your grading request