



Southern United States Pipe Band Association

INDIVIDUAL AND BAND REQUEST FORM FOR REGRADING

NAME	
2006-07 SUSPBA NUMBER	
CURRENT GRADE LEVEL	
GRADE LEVEL REQUESTED	
STREET ADDRESS	
CITY/TOWN	
STATE	
ZIP CODE	
PHONE NUMBER	()
EMAIL ADDRESS	

PLEASE DESCRIBE YOUR COMPETITIVE EXPERIENCE TO JUSTIFY YOUR REGRADE REQUEST. PLEASE BE SPECIFIC ABOUT COMPETITIONS YOU HAVE COMPETED IN OUTSIDE THE SUSPBA JURISDICTION. YOUR INSTRUCTOR MAY ALSO SIGN THIS FORM INDICATING ENDORSEMENT FOR YOUR REQUEST.

SIGNATURE OF COMPETITOR

SIGNATURE OF INSTRUCTOR
(INDICATES ENDORSEMENT)

DATE

NAME OF INSTRUCTOR

PLEASE REMIT BY MAY 5, 2007. YOU MAY PRINT AND MAIL OR PRINT, SCAN AND E-MAIL COMPLETED FORM TO:

JEFF ANDERSON (JeffAndersonRPh@aol.com)
MUSIC BOARD CHAIRMAN
SOUTHERN UNITED STATES PIPE BAND ASSOCIATION
3546 TOWN AVENUE
NEW PORT RICHEY, FL 34655