

**SOUTH CAROLINA UNITED METHODIST BASKETBALL TOURNAMENT**  
**APPEAL FOR EXCEPTION FORM**

**INSTRUCTIONS:** This form will be sent upon request to the minister(s) of the church(s) requesting an appeal for consideration. The minister(s) shall fill out this form, sign and return it to the assigned Area Coordinator by February 1. All appeals will be heard at the State Tournament Committee meeting in early February.

Name of player(s) \_\_\_\_\_

Age Division: \_\_\_\_\_

Names of churches involved in combination:

Names of Coaches:

(A) \_\_\_\_\_ (B) \_\_\_\_\_

For the rest of this form, please place information in lettered boxes in relation to where the churches are placed above.

(A) \_\_\_\_\_

(B) \_\_\_\_\_

Distance between two churches: \_\_\_\_\_ miles

Names of Ministers:

(A) \_\_\_\_\_

Church membership  
in the latest Annual  
Conference Journal:

The number of youth in each church  
in this particular age division:

(B) \_\_\_\_\_

(A) \_\_\_\_\_ (B) \_\_\_\_\_

(A) \_\_\_\_\_ (B) \_\_\_\_\_

Recruiting efforts by each church to fill their teams:

(A) \_\_\_\_\_

(B) \_\_\_\_\_

Reason for request: \_\_\_\_\_

Reason for this combination rather than with another: \_\_\_\_\_

School(s) attended by players: (A) \_\_\_\_\_ (B) \_\_\_\_\_

**SIGNATURES:**

Ministers (A) \_\_\_\_\_ (B) \_\_\_\_\_