



San Francisco Gay Softball League
584 Castro Street PMB 835
San Francisco, CA 94114-2594
ADA Request Form

Member Name: _____

Member Team(s): _____

Requesting:

- 1) A runner once a base had been acquired , or
- 2) A defensive only player , or
- 3) Other _____

Reason for Request:

Please attach signed letter from a medical professional explaining why ADA accommodations are needed.

Submit this form to commissioner@sfgsl.org or mail to address in heading.