Appeal Request Form

Contact Information of Individual Requesting Appeal

Your Name: _____

Last   *First*   *Middle Initial*

Address: _____

Street Address   *Apartment/Unit #*

City   *Province*   *Postal Code*

Phone: **( )** _____ Alternate Phone: **( )** _____

Fax Number: _____ E-mail Address: _____

Your Status: ___ Administrator   ___ Coach   ___ Game Official   ___ Player

Registrant/Registered Organization requesting an Appeal (Appellant)

Full Name: _____

Address: _____

Street Address   *Apartment/Unit #*

City   *Province*   *Postal Code*

Phone: **( )** _____ E-mail Address: _____ Registrant No.: _____

Fax Number: _____ Alternate Phone: **( )** _____ Web Address: _____

Status: ___ District ___ League ___ Club ___ Administrator ___ Coach ___ Game Official ___ Player

Grounds for the Appeal

The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard.

_____ The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable governing documents.

_____ New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.

_____ The decision maker failed to properly interpret the relevant Published Rules.

_____ The decision maker failed to follow procedures as described in the relevant Published Rules.

_____ The decision was influenced by bias, where bias is defined as a lack of neutrality to such an extent that the decision-maker is unable to consider other views.

_____ The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.

Appeal Information

Request for Leave to Appeal a Decision of: _____ (Respondent)

District, League or Club (Governing Organization)

Date of Decision: _____ Date Decision was Received, if Received: _____

Appeal must be filed within 14 days of receipt of the decision being appealed.

Date Rights of Appeal Received, if Received: _____

Outstanding Fine, Fee, Bond or Penalty, if so, List Amount: _____

Remedy Requested: _____