NOTICE OF A PROTEST/APPEAL

CHECK ONE: ( ) **PROTEST** ( ) **APPEAL**

A. INDIVIDUAL/ORGANIZATION FILING PROTEST/APPEAL:

Name _____

Address_____

City _____ State _____ Zip _____

Telephone: Home (_____)_____ Email _____

Affiliation of person or organization filing protest or appealing a decision: _____

_____

Check one: Player ( ) Coach ( ) Team ( ) Club ( ) League ( )

Other (describe) _____

B. NAME OF PERSON OR ORGANIZATION PROTEST FILED AGAINST OR PRINCIPAL OFFICER OF ORGANIZATION RENDERING ORIGINAL DECISION:

Name _____

Address_____

City _____ State _____ Zip _____

Telephone: Home (_____)_____ Email _____

C. IF PROTEST, THE FOLLOWING INFORMATION IS REQUESTED:
(Complete additional data on separate sheet if necessary.)

1. Nature and specifics of the complaint: _____
   _____
2. Listing of rules, policies, or procedures, which have been violated: _____
   _____
3. Statement of the desired resolution: _____
   _____

D. IF APPEAL, THE FOLLOWING INFORMATION IS REQUESTED:

1. This is an appeal of the decision of: ( ) Club ( ) League ( ) District ( ) Other _____
2. Date of decision being appealed: _____
3. Date decision was received by party filing appeal: _____

(Notice of Intent to File an Appeal must be postmarked within 7 days after receipt of decision and must be accompanied by a $100 appeal fee. **See Rule 4.2.3.2.** The time limits for filing Protests are set by the competition authority and may be less than an hour.)

Grounds for appeal (check as many as apply):

( ) Failure to comply with Bylaws, Rules, Regulations or Laws of the Game
( ) Disagreement as to facts as determined by the organization whose decision is being appealed
( ) Failure of the organization whose decision is being appealed to provide the party appealing with due process
( ) Other _____

I hereby certify that all information given in this document is true and correct to the best of my knowledge. I have included the appropriate protest/appeal fee.

_____ _____

Date Signature of Person Filing Protest/Appeal