



NOTICE TO APPEAL FORM

Date Submitted:

Appellant:

Contact Information:

Appeal Branch Decision:

- ☐ Such decision is in conflict with the Zone 4, By-Laws or Regulations
- ☐
- ☐

Please briefly outline why you feel your appeal falls within one of the above criterion:

The following **MUST** be included in this appeal or it will **NOT** be brought forward to Zone 4 Hockey:

- ☐ This form
- ☐ Relevant facts
- ☐ Reason
- ☐ Relief being sought
- ☐ \$100 fee
- ☐ Pertinent documents, if any, shall be attached

Please give a brief description as to the reasoning behind your appeal:

Please give a brief description on the relief being sought:

Phone numbers of people involved:

Administrators Signature: _____