ONTARIO SOCCER APPEAL REQUEST FORM

For Appeals to Ontario Soccer Only - Application should be sent via email to appealcasemanager@ontariosoccer.net

Contact Information of Individual Requesting Appeal									
Your Name:									
	Last						First		Middle Initial
Address:	Street Address								Apartment/Unit #
	City							Province	Postal Code
Phone:	_()			Alt	ernate P	none:	_()		
Fax Number:			[E-mail A	ddress:				
Your Status:	Admin	istrator	Co	oach		Match Of	ficial	Player	
Registrant/Registered Organization requesting an Appeal (Appellant)									
Full Name:									
Address:	Charach Addas								An autor and I lock #
	Street Addres	S							Apartment/Unit #
	City				Provin	е	Postal	Code	
Phone:	()		E-mail Address:				F	Registrant No.:	
Fax Number:			Alternate Phone:)		Web Add	ress:	
Status:	District	_ League	Club	_ Admin	istrator	Coach _	Match Officia	al Player	
				Grour	nds for	the Appe	al		
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.									
				App	eal In	ormation			
Request for L	eave to Appeal a	a Decision o							(Respondent)
			ı				ning Organizati	•	
Date of Decis	ion:			*Ap		be filed within 1	red, if Received 14 days of receipt		appealed and the Rights to
Date Rights of Appeal Received, if Received:									
9	Fine, Fee, Bond o anding fines, fee er	, ,	•		o this				
Pemedy Pegu	octod:								





Supporting Evidence							
Please provide a list of all evidence that supports your application for leave to appeal. You will not be able to resubmit any new evidence or a submission after this application is submitted. Copies of your appeal and the Respondent's responses will be provided to both parties by Ontario Soccer. Additional pages may be attached.							
Witness List							
Please list all individuals you intend to bring as a witness (if any) to testify on your behalf.							
Appeal Application Check List							
 Complete Ontario Soccer Appeal Request Form Provide a copy of the decision being appealed or your (the Appellant's) understanding of the decision if the decision has not been received or provided. Enclose a payment of seven hundred and fifty dollars (\$750) in the form of a certified cheque or postal money order. Your leave to appeal will be denied if payment is not received. Attach submissions, evidence and attachments in their entirety. Complete our witness list Sign below 							
Signature: Date:							



