REQUEST FOR A HEARING BY THE EOSSAA COMPETITION COMMITTEE

Name of Championship:_____

Location:_____Date:_____

Name of School
Attending:_____Association:_____

Name of
Teacher/Coach:_____Phone:_____

I understand that the Competition Committee shall handle disputes that fall within the realm of:

a) Eligibility;
b) Deportment;
c) Supervision and registration;
d) Social;
e) Medical personnel;
f) Awards

Based upon the information that I will detail below, I wish to appeal the following:
_____

The reasons for my appeal are as follows:

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To support my appeal, I attach the following **new and/or additional documentation**. I enclose the required $50.00 fee for this appeal hearing.

_____
SIGNATURE