REQUEST FOR A HEARING BY THE EOSSAA CHAMPIONSHIP JURY OF APPEAL

| Name of Championship: | |
|--|--|
| Location: | Date: |
| Name of School Attending: | Association: |
| Name of Teacher/Coach: | Phone: |
| | |
| Based upon the information that I will detail below, I wish to appeal the following: | |
| The reasons for my appeal a | are as follows: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| enclose the required \$50.00 fe | h the following new and/or additional documentation . I ee for this appeal hearing. |
| SIGNATURE | |