## **ONTARIO SOCCER APPEAL REQUEST FORM**

Fo				ail to appealcasemanager@ontar	iosoccer.net	
	Cont	act Informati	on of Individual Re	equesting Appeal		
Your Name:	Last			First	Middle Initial	
Address:	Street Address				Apartment/Unit #	
	City			Province	Postal Code	
Phone:	<u>(</u> )		Alternate Phone:	( )		
Fax Number:		E-ma	il Address:			
Your Status:	Administrator	Coach	Match O	fficialPlayer		
	Registrant/R	egistered Org	anization request	ing an Appeal (Appellan	t)	
Full Name:						
Address:	Street Address				Apartment/Unit #	
	City		Province	Postal Code		
Phone: (	)	E-mail Address:		Registrant No.:		
Fax Number:		Alternate Phone:	( )	Web Address:		
Status:	District League	Club Adr	ministratorCoach _	Match Official Player		
Grounds for the Appeal						
*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 fact	New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.					
The deci	sion maker failed to prope	rly interpret the rel	evant Published Rules.			
The deci	sion maker failed to follow	procedures as de	scribed in the relevant Pu	ublished Rules.		
	sion was influenced by bia der other views.	s, where bias is de	fined as a lack of neutra	lity to such an extent that the dec	ision-maker is unable to	
The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.						
		A	ppeal Information	1		
Request for Le	ave to Appeal a Decision o		rict, League or Club (Gove	rning Organization)	(Respondent)	
Date of Decision	on:		Date Decision was Recei		g appealed and the Rights to	
Outstanding F	Appeal Received, if Receiv ne, Fee, Bond or Penalty, if nding fines, fees, bonds or r	red: so, List Amount:				
Remedy Reque	ested:					



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					
<ol> <li>Complete Ontario Soccer Appeal Request Form</li> <li>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.</li> <li>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.</li> <li>Attach submissions, evidence and attachments in their entirety.</li> <li>Complete our witness list</li> <li>Sign below</li> </ol>					
Signature: Date:					

