

NOTICE OF APPEAL FORM

Appeal of Branch Decision



Date Submitte	d:
Appellant:	
Contact Information:	
Appeal Branch	Decision:
	Such decision is in conflict with the Branch or Hockey Canada's Articles, By-Laws or Regulations The Branch committed a procedural error, or failed to provide the aggrieved party with a fair hearing: or
	The Branch did not have the authority or jurisdiction to make the decision
Please briefly o	outline why you feel your appeal falls within one of the above criterion:
Appeals Comm	MUST be included in this appeal or it will NOT be brought forward to the Hockey Canada National ittee: This form Relevant facts Reason Relief being sought \$300.00 fee (payable to Hockey Canada) Pertinent documents, if any, shall be attached
Please give a b	rief description as to the reasoning behind your appeal:
Please give a b	rief description on the relief being sought:
	the completed appeal package to: National Appeals Committee c/o Josef Scheier, Hockey of Office, fax: 613-696-0787 or jscheier@hockeycanada.ca

Hockey Canada will subsequently request the Branch position following the appeal submission to the National Appeals Committee. The National Appeals Committee may request further information from the appellant. Decision will be communicated to the appellant and to the respective Branch.