



NOTICE OF APPEAL

DATE: __ / __ / 20__

Name of Appellant:	
Email or Fax of the Appellant: (Official correspondence will be sent to your Club via Email or Fax)	
Date of initial Decision/Tribunal hearing:	
Parties to dispute: (i.e. John Smith & Giants FC)	
Nature of dispute: (i.e. Misconduct, game protest, red card fixed penalty appeal, other – please specify).	
Grounds for Appeal: (Please specify your reasons for Appealing the initial Tribunal determination).	

Best Contact Person regarding the Appeal:

Name: Phone Number:

Position at Club: Signature of Club President/Secretary/Appellant:

Payment of Appeal Fee

Payment Options:

- Option 1: via Cheque made payable to: Capital Football (must accompany this form)
- Option 2: Direct Deposit (contact Capital Football for details)
- Option 3: via Credit Card by completing the details below:

NAME ON CARD.....

CARD NUMBER: EXPIRY:

CARD TYPE (VISA/MASTERCARD): AMOUNT TO BE CHARGED:

SIGNATURE (card holder).....