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Web: www.hockeyhno.com Email: info@hockeyhno.com

Hockey Northwestern Ontario APPEAL APPLICATION FORM

This form shall be received by the HNO Office no later than 5 days from the date the decision sought to be appealed was sent to the appellant and shall be accompanied by an Appeal Application fee of (\$300.00+HST =) \$339 in cash or by cheque made payable to "Hockey Northwestern Ontario". If the appellant withdraws this application or is successful in the Appeal, the Appeal Application fee, less a (\$50.00+HST) \$56.50 Administration Fee will be refunded. For more information on the Appeals Process, download a copy of HNO's Appeal Policy

from www.hockeyhno.com.

1. Name of person making application for appeal (APPELLANT):			
First Name		Last Name	
Address		City	Postal Code
Home Phone	Home Fax	Work Phone	Work Fax
Email			
	decision is being appealed (RESPONDENT): D Executive Director, HNO member Team Leagu	ue or Association, or other Name	
3. Pursuant to HNO Appeal Policy, you must indicate the "standing issue" or reason why you are appealing the previous decision(s). If appropriate, you may select more than one box.			
The decision is in conflict with the Articles, By-Laws, Regulations and/or Policies of a: Association, HNO or Hockey Canada and may have had a material impact on the decision rendered.			
The party making the decision committed a material procedural error, or failed to provide a fair Appeal hearing, that may have had a material impact on the decision rendered.			
The party making the decision did not have the authority or jurisdiction to make the decision.			
The suspension is for 7 games or more and considered to be inappropriate			
The party making the decision made or adopted an error of fact that may have had a material impact on the decision rendered.			
 4. Facts Supporting Application – What you must include with this application form. As an attachment to this Application, please include concisely and in <u>numbered paragraphs</u>: (a) The grounds for Appeal (including <u>how</u> the Appeal qualifies under the relevant standing issue(s) as noted in Section #3. (b) The <u>supporting facts</u>. (c) Clearly state the <u>desired outcome</u> of the requested Appeal. (d) Pertinent documents, from the original Appeal, must be attached. 			
 Please note the Following: (a) No further information may be submitted for consideration after filing this form, unless requested by the Appeals Committee. (b) No appeal to HNO involving an allegation of harassment, abuse or bullying shall be heard by the Appeals Committee unless the matter has first been dealt with through the Dispute Resolution or Discipline and Complaint Policy. (c) If this application is sub submitted by a third party on behalf of an HNO Team, League or Association, or on behalf of a Team or an Association that is a member of an HNO Team, League or Association in HNO Appeal Policy. (This is not required for a personal appeal) 			
Presidents Name	HNO Team, League or Associa	ation	Signature
For Office Use Only:			
	HNO Staff Signature Method of Payment Cash Cheque #	Note to Applicants: Please ensure that you have completed this form in full. Provide as much detail as possible in Sections 3 & 4 as this is the information that will be considered in your Appeal. Incomplete applications may not be processed. If you have any questions, please contact the HNO Office.	
ii you nare any questions, preuse contact the title office.			

The Hockey Northwestern Ontario is committed to respecting and protecting the privacy of our Teams, Leagues Associations, individual members, their families and our employees. The personal information collected on this form and on any documents collected by the HNO with respect to this Appeal and any related proceeding will be used for the sole purpose of administering this Appeal, any related proceedings, and the Articles, By-Laws, Regulations, Policies and Rules of the HNO. Any such documents containing personal information will, upon request, be returned to the party submitting them when no longer needed for those purposes.