

NOTICE OF APPEAL FORM





Date Submit	ted:
Appellant:	
Contact Information:	
Appeal Bran	ch 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 briefl	y outline why you feel your appeal falls within one of the above criterion:
Appeals Con	g MUST be included in this appeal or it will NOT be brought forward to the Hockey Canada National mmittee: 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 brief description as to the reasoning behind your appeal:	
Diagon sino s	hairef description on the veliaf being sought.
——————————————————————————————————————	brief description on the relief being sought:
Discuss 6	
Please forward the completed appeal package to: National Appeals Committee c/o Josef Scheier, Hockey Canada Ottawa Office, fax: 613-696-0787 or issaera ehockeycanada.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.