REQUEST FOR A HEARING BY THE OFSAA COMPETITION COMMITTEE

Name of Championship:_____

Location:_____Date:_____

Name of School Attending:_____ Association:_____

Name of Teacher/Coach:_____ Phone:_____

I understand that the Competition Committee shall handle disputes which fall within the realm of:

a) Eligibility;
b) Deportment
c) Supervision and registration
d) Social
e) Medical personnel
f) Awards

Based upon the information that I will detail below, I wish to appeal the following: _____

The reasons for my appeal are as follows:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

To support my appeal, I attach the following **new and/or additional documentation**. I enclose the required $50.00 fee for this appeal hearing.

_____

SIGNATURE