



BENDIGO AMATEUR SOCCER LEAGUE

APPEAL FORM

DATE: __ / __ / 20__

All details below **MUST BE** completed

Name of Appellant:	
Email of the Appellant: (Correspondence regarding the Appeal will be sent to your Club via Email)	
Date of initial hearing:	
Parties to dispute: (e.g. Epsom FC & Colts United SC) (e.g. John Smith & Wangaratta South FC)	
Nature of dispute: (e.g. Club Misconduct, Player Suspension).	
Grounds for Appeal: (Please specify your reasons for Appealing the initial determination).	(Please Note that Grounds for Appeal are located at 10.1 of the GDT By-Law)

Best Contact Person regarding the Appeal:

Name:	
Phone Number:	
Position at Club:	

PAYMENT OF APPEAL FEE

Card Type (mark with an X):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card number		
Expiry date	CCV number	
Name of cardholder		
Amount	\$500	