Notice of Appeal

Washington Youth Soccer Appeals Committee

PLEASE ATTACH NON-REFUNDABLE APPEAL FEE: $1000.00 (Cashier's Check or Money Order)

☐ Check ☐ Money Order

A. Individual/Organization filing Appeal (the Appellant)

Name:

Address:

Contact Phone Number:

Email Address:

B. Opposing Party

Name:

Address:

Contact Phone Number:

Email Address:

Notice of Appeal

Washington Youth Soccer Appeals Committee

C. Date of Decision Being Appealed:

***Appellant: Please be sure to attach a Copy of the Decision to this Notice of Appeal**

D. Briefly state the claimed errors in the decision:

E. Briefly state desired resolution:

F. List rules or procedures you claim were violated, include rule/procedure number:

G. Date the decision being appealed was received by Appellant:

Appellant has 72 hours (weekends and holidays excluded) from date of receipt of the decision within which to file the Notice of Appeal with Washington Youth Soccer Appeals Committee. Send the Notice of Appeal and requested documentation to the attention of:

Washington Youth Soccer
Attn: Appeals Committee
7100 Fort Dent Way, Suite 215
Tukwila, WA 98188

OR

KeliB@washingtonyouthsoccer.org **and** RogerL@washingtonyouthsoccer.org

I hereby certify that the Notice of Appeal, required documentation, and appropriate appeal fee has been sent to all parties involved and follows the Judicial and Ethics Policy and Procedures; Appeals Procedure No. 2P.

Date:

Signature: