



NOTICE OF APPLICATION FOR APPEAL

Section One: Applicant Information

Please complete all sections.

Name: FIRST	LAST	Date: MM / DD / YY
Association:		
Phone: ()	Email:	

If correspondence is to be directed to a person other than above, please fill out the following section:

Name:	Phone: ()	Email:
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Section Two: Details of Appeal

Please check all appropriate boxes and clearly state the decision being appealed.

State decision being appealed:	Date of Decision: MM / DD / YY
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Please note that the Appeal Committee will only review a decision or hear an appeal under one of the following conditions:

- new evidence not used in the original hearing can be presented which may have an effect on the decision.
- an appeal may be filed on the grounds of irregularities in the proceedings of the original hearing that may have caused an unjust decision.
- an appeal may be filed on the grounds that the decision of the original hearing was too severe.
- an appeal may be filed on the grounds that there is proof to establish that the decision of the original hearing was reached in an unjust manner.
- the decision of the original hearing was made without authority or jurisdiction.

Copy of original appeal decision is attached.

Please indicate the type of hearing requested:

- An In-Person Hearing
- A Hearing Via Teleconference

Section Three: Appeal Checklist

Please check each box after completing the action.

<input type="checkbox"/>	This appeal shall be delivered to the Chief Executive Officer of the Society within twenty-one (21) days from the date of the notice advising of the suspension or decision.
<input type="checkbox"/>	This appeal shall be accompanied by either cash payment or a certified cheque payable to the Society. Hearing Via Teleconference - Preliminary Appeal – Three hundred dollars (\$300.00). Appeal of a decision of the Appeal Committee – Three hundred dollars (\$300.00) In-Person Hearing – Preliminary Appeal – One Thousand dollars (\$1,000.00) Appeal of a decision of the Appeal Committee – One Thousand dollars (\$1,000.00)
<input type="checkbox"/>	This appeal is in writing outlining all particulars pertaining to the case. Please attach complete outline of all particulars on separate sheet.

Forward completed form and all required documentation to: BC Hockey, 6671 Oldfield Road, Saanichton, BC, V8M 2A1. Please note that appeal applications will not be considered unless this form is completed in full and payment has been received.