



Southwest Soccer  
 401 New Dundee Rd, Kitchener ON N2P 2N8  
 Phone: 519-894-5965  
 Email: discipline@swrsa.ca  
 Web: www.swrsa.ca

## Appeal to the Southwest Soccer

CONTACT INFORMATION OF INDIVIDUAL REQUESTING APPEAL			
<b>Your Name:</b>	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
<b>Address:</b>	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Phone:</b>	(    )	<b>Alternate Phone:</b>	(    )
<b>E-mail Address:</b>			
<b>Your Status:</b>	<input type="checkbox"/> Administrator	<input type="checkbox"/> Coach	<input type="checkbox"/> Game Official <input type="checkbox"/> Player

REGISTRANT/REGISTERED ORGANIZATION REQUESTING AN APPEAL (APPELLANT)			
<b>Full Name:</b>			
<b>Address:</b>	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Phone:</b>	(    )	<b>Registrant No.</b>	
<b>Email Address:</b>			
<b>Web Address:</b>			
<b>Your Status:</b>	<input type="checkbox"/> League	<input type="checkbox"/> Club	<input type="checkbox"/> Administrator <input type="checkbox"/> Coach <input type="checkbox"/> Game Official <input type="checkbox"/> Player

GROUNDS FOR THE APPEAL
<p style="text-align: center; font-size: small;">*The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard.*</p> <p><input type="checkbox"/> The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable governing documents.</p> <p><input type="checkbox"/> New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.</p> <p><input type="checkbox"/> The decision maker failed to properly interpret the relevant Published Rules.</p> <p><input type="checkbox"/> The decision maker failed to follow procedures as described in the relevant Published Rules.</p>



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\_\_\_\_\_ The decision was influenced by bias, where bias is defined as a lack of neutrality to such an extent that the decision-maker is unable to consider other views.

\_\_\_\_\_ The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.

### APPEAL INFORMATION

Request for Leave to Appeal a Decision of: \_\_\_\_\_ (Respondent)  
*District, League or Club (Governing Organization)*

Date of Decision: \_\_\_\_\_ Date Decision was Received, if Received: \_\_\_\_\_  
*\*Appeal must be filed within 14 days of receipt of the decision being appealed.\**

Date Rights of Appeal Received, if Received: \_\_\_\_\_

Outstanding Fine, Fee, Bond or Penalty, if so, List Amount: \_\_\_\_\_

Remedy Requested: \_\_\_\_\_

### EVIDENCE THAT SUPPORTS THE GROUNDS OF APPEAL CHECKED ABOVE

*\*Note: Please provide all evidence that supports your application for leave to appeal. You will not be able to resubmit any new evidence or a submission after this application is submitted. Copies of your appeal and the Respondents responses will be provide to both parties by the OSA. . Additional pages may be attached.*

### SUPPORTING EVIDENCE

*\*Please describe and attach in numerical order all documents and evidence that support your argument for leave to appeal including, but not limited to relevant pages of, Constitutions, By-Laws, Game Sheets, Reports, Statements and Player Books.\**

- 1.
- 2.
- 3.
- 4.
- 5.

### WITNESS LIST

*\*Please list all individuals you intend to bring as a witness (if any) to testify on your behalf.*

- 1.
- 2.
- 3.



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### APPEAL REGISTRATION CHECK LIST AND SIGNATURE

*\*Please ensure the following tasks have been completed or your Appeal Application is not complete.\**

1. Complete Southwest Soccer Appeal Request Form.
2. Provide a copy of the decision being appealed or your (the Appellant's) understanding of the decision if the decision has not been received or provided.
3. Enclose a payment of two hundred fifty dollars (\$250.00) in the form of cash or cheque. Your leave to appeal will be denied if payment it is not received.
4. Attach Submissions, Evidence and Attachments in their entirety.
5. Complete your Witness List.

**Date:**

**Signature:**

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Appeal Fee Received: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Appeal Request Form Complete: \_\_\_ Yes \_\_\_ No If No, Missing Documents: \_\_\_\_\_