**Bloomsburg Trappers Soccer Club**

APPEAL FORM

Team Name : Team Age group:

Date of Infraction/Sanction:

Coach (es) involved in Infraction:

Infraction (s):

Basis of Appeal:

\*\*attach additional page if more space is needed

CHECK #: (refer to BTSC code of conduct document for required fee)

Make checks payable to BTSC. Send check and appeal form to BTSC - 391 Pleasantview Drive, Bloomsburg PA

Head Coach Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------------Admin Section--------------------------------------------------------------

Date received/amount of check:\_\_\_\_\_\_\_\_\_\_\_\_ Date sent to treasurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Appeals Board Notified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date decision rendered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date decision notification sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date appeal fee refunded:\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*if appeal upheld

Appeal Board Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*attach final decision and all pertinent documentation to this form and keep in the club’s file.