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:Click or tap here to enter text.

Address:Click or tap here to enter text.

Contact Phone Number:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

B. Opposing Party

Name:Click or tap here to enter text.

Address:Click or tap here to enter text.

Contact Phone Number:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

C. Date of Decision Being Appealed:Click or tap to enter a date.

**\*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: Click or tap here to enter text.

E. Briefly state desired resolution:Click or tap here to enter text.

F. List rules or procedures you claim were violated, include rule/procedure number: Click or tap here to enter text.

G. Date the decision being appealed was received by Appellant: Click or tap to enter a date.

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

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: Click or tap to enter a date. Signature: Click or tap here to enter text.