



REQUEST FOR A HEARING BY THE OFSAA COMPETITION COMMITTEE

Name of Championship: _____

Location: _____ Date: _____

Name of School Attending: _____ Association: _____

Name of Teacher/Coach: _____ Phone: _____

I understand that the Competition Committee shall handle disputes which fall within the realm of:

- a) Eligibility;
- b) Department
- c) Supervision and registration
- d) Social
- e) Medical personnel
- f) Awards

Based upon the information that I will detail below, I wish to appeal the following: _____

The reasons for my appeal are as follows:

To support my appeal, I attach the following **new and/or additional documentation**. I enclose the required \$50.00 fee for this appeal hearing.

SIGNATURE