



HEO Appeal Application

Appellant Name: _____ **Email:** _____

Phone Number: _____

Association: _____ **District:** _____ **League:** _____

Appeal (Please check reason):

Residential Transfer: _____ **Association/District/League ruling:** _____

Other: _____

****Residential Transfer** – Attach completed transfer documents

**** District/Association/League ruling** – Attach hearing results or relevant information

**** Other** – Please indicate what you wish to appeal, and all documentation and decisions provided from the original hearings.

Justification for Appeal: (Check the appropriate box and please clearly explain the justification for the appeal)

New relevant evidence that was not available to those persons who made the decision that is being appealed.

On the grounds of irregularities in the proceedings of the original hearing that may have caused an unjust decision.

On the grounds that the decision was too severe or was too lenient.

On the grounds that there is proof to establish that the decision was reached in an unjust manner.



HEO Appeal Application

What do you wish to accomplish with this appeal?

- **This is an application only and does not imply that an appeal will be granted. The granting of an appeal is at the sole discretion of the HEO Director in their capacity as Chair of the Appeals Committee.**
- **Payment of a \$250.00 appeal fee must be made prior to an appeal date being set. Cheques must be made payable to Hockey Eastern Ontario. E-Transfer is also accepted. Contact the HEO Office for payment instructions.**
- **Withdrawing an appeal less than 48 hours in advance of the set date will result in the forfeiture of ant refund.**

Please refer to HEO Website section "Appeals": <http://hockeyeasternontario.ca/pages/admin/appeals.htm>