



NOTICE OF APPEAL FORM

Appeal to Transfer – Residential Inter District/Association



To: Hockey Eastern Ontario Appeals Committee (pursuant to Hockey Eastern Ontario Policy 6.47). All appeals must be filed with the HEO Director of Operations.

Date Submitted (D/M/Y): _____ District/Association: _____

Name of Appellant: _____ Birth Date (D/M/Y) _____
Surname First Name

Contact Info: Phone _____ Email: _____

The following **MUST** be included in this appeal or it will **NOT** be brought forward to the Hockey Eastern Ontario Appeals Committee:

- ☐ This Form
- ☐ Specific detailed rationale for appeal, including all facts and information concerning the uniqueness of this request with required documents as per HEO Policy 6.47
- ☐ Letter of Good Standing from previous team
- ☐ School Registration (if applicable)
- ☐ \$250.00 fee (payable to Hockey Eastern Ontario)
- ☐ Any further information deemed to be appropriate for the appeal

Please forward the completed appeal package to: HEO Appeals Committee c/o Jeff Baker, Hockey Eastern Ontario Office, jbaker@hockeyeasternontario.ca

Hockey Eastern Ontario will subsequently request the former District a position following the appeal submission to the HEO Appeals Committee. The former district will have 96 hours to provide their position. The HEO Appeals Committee may request further information from the Appellant or the District.

Players are **NOT eligible** to participate in any activity outside of their home Association/District until such time as a decision is made to approve this appeal. The decision will be communicated to the District/Association and the player within five (5) Working Days after all positions have been provided.