



Minnesota Youth Soccer Notice of Appeal

A. INDIVIDUAL /ORGANIZATION FILING APPEAL

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME: (____) _____ WORK: (____) _____

EMAIL ADDRESS: _____

AFFILIATION OF PERSON APPEALING THE PERSON OR ORGANIZATION APPEALING THE DECION:

CHECK ONE: (____) PLAYER (____) COACH (____) TEAM (____) CLUB

OTHER (describe) _____

B.) IF APPEAL THE FOLLOWING IMFORMATION IS REQUIRED

1.) Decision being Appealed: _____

2.) Date decision received by filing party: _____

(Notice of intent to File an Appeal must be postmarked within 10 days after receipt of decision.)

3. Ground for Filing an Appeal (check as many as apply)

____ Failure to comply with Bylaws, Rules, or Laws of the game

____ Disagreement as to the facts as determined by the organization whose decision is being appealed.

____ Failure of the organization whose decision is being appealed to provide the party appealing with due process

____ Other _____

I hereby certify that all the information given in this document is true and correct to the best of my knowledge and that I have read the and understand the Minnesota Youth Soccer Association Hearing Policy Manual.

This form must be mailed and postmarked by the United States Postal Service to be valid.