



APPEAL APPLICATION FORM

Appellant Surname (Player): _____ Appellant First Name: _____

Date of Birth: _____
yyyy/mm/dd

Address (Incl. Lot & Con.): _____

City: _____ Postal Code: _____

	Centre/Association:	Category (i.e.: AA, B, HL, LL, Select)	Division (i.e.: Bantam)
2008/2009 Team:			
2009-2010 Team:			
2010-2011 Team:			

Residential Home Centre: _____

Residential AAA Zone
(if applicable): _____

Item of Appeal (brief description):

Appeal filed by: (Please Print) _____

Contact Information

 Phone (Residential) Phone (Business) Fax

_____ Email Address - **IMPORTANT!** Please print neatly.

Type of Appeal
(Please circle one.) **Written \$100.00** **Personal \$200.00**

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF) (their respective executives, employees, coaches, trainers, referees and volunteers) for registration purposes and to administer the rules and regulations of the OMHA and provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.

Date: _____

Signature: _____

Member of:

