



ABN 19 001 685 007

NETBALL NSW APPLICATION TO APPEAL FORM

Appellant Information

Information contained in the Application to Appeal Form must be completed in BLOCK letters. Please complete ALL fields.

<i>Contact Details</i>	
Association Name:	_____
Contact Person:	_____
Official Position:	_____
Address:	_____
Postal Address:	_____
Telephone (b/h):	_____
Telephone (a/h):	_____
Mobile:	_____
Fax:	_____
Email:	_____

1. The appellant appeals pursuant to (insert section and title of Constitution, By-Laws, Competition Rules, administrative decision etc under which appeal is brought):



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2. From a (state whether a decision, order, refusal etc is appealed against):

3. By (insert name of person or committee appealed against):

4. On (insert date of decision etc appealed against):

5. Matters appealed against are (set out brief description of matters appealed, including whether the appeal is against the whole decision, or part of a decision, and if a part which part or parts of the decision):

6. Grounds of the appeal are (set out fully the grounds of appeal in numbered paragraphs – if insufficient space the grounds of appeal should be included as an attachment):



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7. Names of witnesses and representatives (include contact telephone numbers of people who are to provide information on your behalf to the Appeals Committee):

Five horizontal lines for providing witness and representative names and contact numbers.

8. The following documents are attached in support of the appeal (set out documents, including title and dates):

Five horizontal lines for listing attached documents with titles and dates.

9. Outcome requested (set out the outcome sought or in which way it is claimed the matter appealed against should be varied):

Five horizontal lines for describing the requested outcome.

Signature: _____

Capacity: _____

Address for lodgement of this form:

CONVENOR APPEALS COMMITTEE
c/- Netball NSW
PO Box 396
Lidcombe NSW 1825
Fax: (02) 9951 5099