

This form shall be submitted to New Jersey Youth Soccer by a member (e.g., player, coach, board member, club, league) who seeks to appeal a decision rendered by another member. Members must first exhaust the appeal process(es) afforded to them by the member with original jurisdiction (e.g., club and/or league).

THE "APPELLANT" (INDIVIDUAL/ORGANIZATION FILING APPEAL):			
Name:_		Email:	
		Club/League Affiliation:	
ON BEHALF OF: (Only complete this section if the grievance is being filed on behalf of another individual [e.g., a parent/guardian for their child].)			
Name:		Email:	
Phone Number:		Club/League Affiliation:	
Team Name:		Team Age:	
THE "APPELLEE" (OPPOSING PARTY/LEAGUE/CLUB RENDING THE DECISION):			
Name:		Type: [ ] Member Club / [ ] Member League / [ ] Other	
Name of Appellee Contact:		Email:	
Phone Number:			
DATE OF THE DECISION BEING APPEALED:			
DATE THE DECISION WAS RECEIVED BY THE APPELLANT*: *APPELLANT HAS TEN (10) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH THE NEW JERSEY YOUTH SOCCER APPEALS COMMITTEE.			
DOCUMENTATION:			
A. DOCUMENTATION REQUIRED WITH APPEAL FORM:			
$\Rightarrow$	⇒ APPEAL FORM completed, including the Verification (below) signed by the Appellant.		
$\Rightarrow$	COPY OF THE DECISION BEING APP	PEALED attached to the Appeal Form in a single PDF file.	
<ul> <li>⇒ <u>SUPPORTING DOCUMENTATION</u> that was submitted to the decision rending organization for the initial decision. Supporting documentation that was not previously included in the decision cannot be submitted with this appeal.</li> <li>⇒ <u>WRITTEN ARGUMENT</u> that details the reason for the appeal and the precise policy or bylaw of NJYS, USYS, and/or USSF the decision violates (if any).</li> </ul>			
B. FILING FEE REQUIRED WITH APPEAL FORM:			
⇒ CASHIER'S CHECK OR MONEY ORDER made payable to New Jersey Youth Soccer in the amount of \$300 and submitted via mail, and which may be returned upon discretion of the Discipline & Appeals Committee.			
The Appellant will submit a [ ] <u>Cashier's Check</u> / [ ] <u>Money Order</u> in the amount of \$300 to New Jersey Youth Soccer			
VERIFICATION & SIGNATURE OF APPELLANT (REQUIRED):  I hereby certify this Appeal Form, Copy of the Decision Being Appealed, and any Supporting Documentation is true, and together with appropriate fee in the amount of \$300 (in the form of a cashier's check or money order), made payable to: NEW JERSEY YOUTH SOCCER, has been sent to:			
New Jersey Youth Soccer			
Attn: Appeals Committee 3 Paragon Way Suite 400 Freehold, NJ, 07728		Appellant Signature Date	