

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).

Name:	Email:
Phone Number:	Club/League Affiliation:
BEHALF OF:	
y complete this section if the grievar	e 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:
"APPELLEE" (OPPOSING PARTY/LEA	SUE/CLUB RENDING THE DECISION):
Name:	Type: [ ] Member Club / [ ] Member League / [ ] Other
Name of Appellee Contact:	Email:
Phone Number:	
E OE THE DECISION REING ADDEALE	:
UMENTATION: A. DOCUMENTATION <u>REQUIRED</u>	ITH APPEAL FORM:
<u></u>	ed, including the <b>Verification</b> (below) signed by the Appellant.
⇒ COPY OF THE DECISIO	BEING APPEALED attached to the Appeal Form in a single PDF file.
	<u>VTATION</u> that was submitted to the decision rending organization for the initial decision
• • • •	on that was not previously included in the decision cannot be submitted with this appear that details the reason for the appeal and the precise policy or bylaw of NJYS, USYS, and/ les (if any).
B. FILING FEE <u>REQUIRED WITH AF</u>	EAL FORM:
	ONEY ORDER made payable to New Jersey Youth Soccer in the amount of \$300 and which may be returned upon discretion of the Discipline & Appeals Committee.
	Cashier's Check / [ ] Money Order in the amount of \$300 to New Jersey Youth Soccer
	REQUIRED):  Decision Being Appealed, and any Supporting Documentation is true, and together with appropr hier'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	Appellant Signature Date