

BILL TURNER CUP and TROPHY

OFFICIAL APPEAL FORM

Please note: If both teams have agreed and the match has commenced then any appeal with regards to the field, nets, posts, ground markings, match time, referees and assistant referees will not be accepted or acknowledged (rules 34 and 35).

School: _____

Date of Match: _____

Reason for Appeal: (mark appropriate box)

- | | |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Overage player | <input type="checkbox"/> Conduct of coach / manager |
| <input type="checkbox"/> Player conduct | <input type="checkbox"/> Behaviour of spectators |
| <input type="checkbox"/> Other (please specify) _____ | |

Details of Appeal: (be specific with evidence)

Please submit within two days of match to the Area Manager

Supply any additional evidence with this form

Signed Coach / Manager: _____

Date: _____

Signed Principal: _____

Date: _____