

**NOTICE OF APPEAL
To Washington Youth Soccer Appeals Committee**

PLEASE ATTACH APPEAL FEE: \$350.00 (Cashier's Check or Money Order Only)

_____ **CASHIER'S CHECK**

_____ **MONEY ORDER**

A. Individual/Organization filing Appeal (*the Appellant*)

Name:

Address:

Contact Phone:

Email:

B. Opposing Party

Name:

Address:

Contact Phone:

Email:



C. Date of Decision Being Appealed _____

**Appellant: Please Be Sure To Attach A Copy Of The Decision To This Notice to Appeal.*

D. Please State Briefly the Claimed Errors: _____

E. Please State Briefly the Desired Resolution: _____

F. List Rules or Procedures You Claim Were Violated, Including Rule/Procedure Numbers:

G. Date that the Decision Being Appealed was received by Appellant: _____

*Appellant has seventy-two (72) hours (Sundays and holidays excluded) from date of receipt of the decision within which to file this **Notice of Appeal** with the Washington Youth Soccer Appeals Committee. Send this **Notice of Appeal** to the attention of the Washington Youth Soccer Appeals Committee Director at the address below.

I hereby certify that a true and correct copy of this Notice of Appeal, together with appropriate appeals fee in the amount of \$350.00 (in the form of a cashier's check or money order made payable to Washington Youth Soccer) has been sent to:

Washington Youth Soccer
Attn: Appeals Committee Director
7100 Fort Dent Way, Suite 215
Tukwila, WA, 98188

I further certify that a true and correct copy of this Notice of Appeal has been sent to all parties listed in the Operating Documents Judicial Internal Procedures Section 3.2 Hearing, section 3.2.1.

Date _____ Signature of Appellant _____

