



Abbotsford Minor Hockey Association

Box 114, Abbotsford, BC V2T 6Z5

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amha@abbotsfordminorhockey.ca

REP APPEAL FORM

DATE SUBMITTED: _____

Division trying out for: _____

SECTION 1 – Personal Information

Player Name: _____

Parents Name: (Father) _____ (Cell) _____

(E-Mail) _____

(Mother) _____ (Cell) _____

(E-Mail) _____

SECTION 2 – Appeal Information

Indicate which policy and/or procedure was not followed and provide details for the basis for the Appeal. Cite all the reasons why you think the Evaluation Team's decision should be reversed, altered, or addressed. (Only a breach in policy will be considered for an appeal).

SECTION 3 – APPEAL PAYMENT

Please attach to this form \$60 cash only. If your appeal is not successful, your fee will be non-refundable. If your appeal is reversed, your fee will be returned to you.

Office Use: Date Received: _____ Fee Paid: _____