



APPEAL APPLICATION FORM

This form must be received in the OWHA office, together with the Appeal fee of \$200.00, in cash or by cheque payable to the “Ontario Women’s Hockey Association”, within the time frame the decision sought to be appealed was sent to the Applicant as outlined in the OWHA Handbook. If the OWHA determines that the proposed Appeal does not qualify for a Hearing, or if the Appellant withdraws the Application, the Appeal Application fee, less a \$50.00 administration fee will be refunded.

By completing this form, you agree that the OWHA will share some, or all of the information in the process of resolving the complaint.

The completed application needs to be emailed to appeals@owha.on.ca and/or mailed along with payment if payment is needed.

1. Name of person making application for appeal (APPELLANT):

First Name:

Last Name:

Home Phone #:

Alternate #:

Email Address:

2. Name of Organization or person whose decision is being appealed (RESPONDENT)

Organization or Person Name:

Contact Person Name:

Contact Phone #:

Alternate #:

Email Address:

3. Please check the appropriate box and then proceed to the number(s) indicated.

Release – Please complete number 5

Decision of the Categorization Committee – Please complete number 5

Suspension of supplementary games above the minimum suspensions as per the OWHA Suspension Policy - please complete numbers 4. and 5.

Any other decision – please complete numbers 4. and 5.

4. You must indicate the issue(s) or reason(s) why you are appealing the decision from the association. If appropriate, you may select more than one box.

The decision is in conflict with

Constitution Article #:

By-Law Article #:

Regulation #:

Rule #:

Or any other Policies and may have had a material impact on the decision rendered.

The party making the decision committed a material procedural error, or failed to provide a fair Appeal hearing that may have had a material impact on the decision rendered.

The party making the decision did not have the authority or jurisdiction to make the decision.

5. Facts supporting Application: What you must include with this Application Form: As an attachment to this Application, please include condensed and in numbered paragraphs:

- the grounds for appeal
- how the Appeal qualifies under the relevant issue(s) or reason(s) above (not applicable when appealing a Release or a decision of the Categorizing Committee)
- the supporting facts
- the desired outcome of the requested Appeal
- pertinent documents from the original Decision / Hearing or process must be attached.

Current Association / Team Name:

Signature of Appellant:

Please ensure that you have completed this form in full. Incomplete Applications may not be processed. If you have any questions, please contact the OWHA Office at appeals@owha.on.ca

FOR OFFICE USE ONLY:

Date Received:

OWHA Staff Initials:

Fee Received:

Method of Payment:

Cash \$

Cheque #