



APPEAL FORM

DATE: __ / __ / 20__

All details below MUST BE completed

Name of Appellant:	
Email of the Appellant: (Correspondence regarding the Appeal will be sent to your Club via Email)	
Date of initial hearing:	
Parties to dispute: (e.g. Westbourne FC & Gippsland SC) (e.g. John Smith & Melbourne Heights FC)	
Nature of dispute: (e.g. Club Misconduct, Player Suspension).	
Grounds for Appeal: (Please specify your reasons for Appealing the initial determination).	(Please Note that Grounds for Appeal are located at Clause 8.2(a) of the GDT By-Law)

Best Contact Person regarding the Appeal:

Name:	
Phone Number:	
Position at Club:	

PAYMENT OF APPEAL FEE

Card Type (mark with an X):	<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
Card number				
Expiry date		CCV number		
Name of cardholder				
Amount	\$1,100			
Signature of cardholder (type name if lodging by email)				