

**NOTICE OF APPEAL
To WSYSA Appeals Committee**

PLEASE ATTACH APPEAL FEE: \$300.00 (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 Numbers:

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

*Appellant has forty-eight (48) hours (Sundays and holidays excluded) from date of receipt of the decision within which to file this **Notice of Appeal** with the Washington State Youth Soccer Association Appeals Committee. Send this **Notice of Appeal** to the attention of the WSYSA 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 \$300.00 (in the form of a cashier's check or money order made payable to Washington State Youth Soccer Association) has been sent to:

Washington State Youth Soccer Association
ATTENTION: Appeals Committee Director
500 S. 336th Street, Suite 100
Federal Way, WA 98003

I further certify that a true and correct copy of this Notice of Appeal has been sent to all parties listed in Section B.

Date _____ Signature of Appellant _____