

NOTICE OF APPEAL
Notice of appeal of a decision by the Disciplinary Committee
To TCYSA Board of Directors

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

Name:

Contact Phone:

Email:

B. Decision being appealed

You may attach a copy.

C. Date of Decision Being Appealed:

D. Please state the basis for the appeal including the errors or policy violations that support the appeal:

E. Please state the desired resolution:

*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 TCYSA Board of Directors. Send this ***Notice of Appeal*** to the address below. For email transmission, date of receipt will be presumed to be twelve hours from the time the original disciplinary decision email was sent.

Date

Signature of Appellant

Send form to: President@thurstoncountysoccer.com and
manager@thurstoncountysoccer.com