



ABBOTSFORD MINOR HOCKEY ASSOCIATION

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REP APPEAL FORM

Date submitted: _____

Division trying out for: _____

SECTION 1 – Personal Information

Player Name: _____

Parents Name: (Father) _____ (Cell) _____

(E-Mail) _____

Parents Name: (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 ettransfer the fee of \$50 to amha@abbotsfordminorhockey.ca. If your appeal is reversed the fee will be refunded. If the appeal is unsuccessful the fee is non-refundable.

Office Use: Date Received: _____ Fee Paid: _____