

APPEAL FORM

Part 1: To be completed by the appellant:

Appeals must be filed and signed by the appellant under the conditions outlined in the Triathlon Manitoba AG/KOS Competition Rules, and submitted to the Head Referee. An appeal is a request for a review of a decision made by the Referee. This is the first level of appeal and will be heard by the Competition Jury. All appeals must be accompanied with a cheque or cash for \$50 CAN or equivalent amount.

<p>Event Name: <input style="width: 90%;" type="text"/></p> <p>Event Location: <input style="width: 90%;" type="text"/></p> <p>Name of Appellant: <input style="width: 90%;" type="text"/></p> <p>Province of Appellant: <input style="width: 90%;" type="text"/></p> <p>Address of Appellant: <input style="width: 90%;" type="text"/></p> <p style="text-align: center;">(street address)</p>	<p>Event Date: <input style="width: 90%;" type="text"/></p> <p>Time Appeal Submitted: <input style="width: 90%;" type="text"/></p> <p>Race Number: <input style="width: 90%;" type="text"/></p> <p>Email: <input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p style="text-align: center;">(City and Postal Code)</p>
<p>Telephone (home): <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/></p> <p>Reason for Penalty received: <input style="width: 90%;" type="text"/></p> <p>Was the Penalty confirmed by the Referee? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Telephone (mobile): <input style="width: 90%;" type="text"/></p> <p>Type of Penalty Received (DQ, Suspension): <input style="width: 90%;" type="text"/></p>

Type of Appeal: (Check one box only.)

- Appeal against the Referee's ruling on a Violation Report:
- Appeal against the Referee's ruling on a Protest:

Specific Location on the Course: _____

Name and Number of Race Official(s) / Athlete(s) / Spectator(s) if Known _____

Description of the Incident (Use additional paper if required) _____

Witness Details (2): _____

Name of Witness 1: _____

Name of Witness 2: _____

Signature of _____
Appellant: _____

Date: _____

Part 2 Official use only

Appeal Fee \$50 CAN attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this Appeal to reverse a Competition Jury decision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', attach Competition Jury Decision and action(s) and Referee's decision and action(s).	
Competition Jury Members (Names)	1. _____
	2. _____
	3. _____
Competition Jury Action:	_____

Competition Jury Chair's Name	_____
Signature:	_____
Time, Date Appeal Received:	_____
Time, Date Appeal processed:	_____
Amount of fee withheld/refunded:	_____