****

**Request for an Appeal Hearing**

|  |
| --- |
| **DETAILS OF THE PERSON APPEALING** |
| **Name of Person Appealing:** |  Click here to enter text. |
| **Name of Club:** |  Click here to enter text. |
| **FFA Registration Number:** |  Click here to enter text. |
| **Position at the Club** |  Player [ ]  Coach [ ]  Team Official [ ]  Other [ ]  |
| **DETAILS OF THE OFFENCE** |
| **Date of Offence:** | Click here to enter text. |
| **Fixture:** | Click here to enter text. |
| **Competition and Division:** | Click here to enter text. |
| **Nature of the Offence:** | Click here to enter text. |
| **NATURE OF THE APPEAL** |
| **Type of Appeal** | Appealing decision of Football SA [ ]  or Appealing decision of Football SA Disciplinary Committee [ ]  or Other [ ]  (Please tick relevant box) |
| **PLEASE OUTLINE GROUNDS OF APPEAL** **(attach additional papers if required)** |
| Click here to enter text. |
| **CLUB CONTACT DETAILS** |
| **Name of Club Representative:** | Click here to enter text. |
| **Contact Number:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |
| The club acknowledges and supports the Appeal application:Signed: Click here to enter text. Print Name: Click here to enter text. Date: Click here to enter text. |
| **DUE DATE AND FEES** |
| The appeal fee associated with this application must accompany this form. For details of appeal fees please refer to the relevant Competition Operating Regulations.For this appeal application to be considered it must be lodged within 7 days of receiving the Disciplinary Infringement Notice or Disciplinary Findings.  |

|  |
| --- |
| **Football SA Office Use Only** |

 Received by: Date: Approved: Yes/No