NSW Community Rugby Leagues Association





Request for Leave to Appeal is hereby given by:		
Of Club / Team (if applicable)		
Address:	Phone:	
in relation to a decision made by the	Committee on the (date)
Please give brief details of the decision that was made that you are appealing against. (if there is insufficient space please attach additional pages)		
		,
Please give brief details of the evidence that you will be (if there is insufficient space please attach additional pa		
Please five brief details of any evidence that was presen (if there is insufficient space please attach additional pa		
Please advise the names of any person who gave evider	nce at an earlier Hearing who will be required at the appeal	
Signed:	Date:	
Club Secretary (not required for requests from individuals)		
Name:	Signature:	

APPEAL FEE OF \$500 MUST BE PAID PRIOR TO LODGING APPEALS.

Account Name: NSW Rugby League Limited

BSB: 032-275

Account number: 459220

Bank: Westpac

REFERENCE: First Name Last Name Appeal Judiciary

For payments via credit card please contact accounts@nswrl.com.au

Please send all remittances to accounts@nswrl.com.au

Please send all COMPLETED FORMS to communityrl@nswrl.com.au

Please ensure that you read the Protests and Appeals Section of the NSWRL Community Rugby League Policies & Procedures Manual.