



Request for Leave to Appeal Application Form

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 presenting at the appeal.
(if there is insufficient space please attach additional pages)

Please give brief details of any evidence that was presented at an earlier Hearing that will be challenged
(if there is insufficient space please attach additional pages)

Please advise the names of any person who gave evidence at an earlier Hearing who will be required at the appeal

Signed: _____ Date: _____

Club Secretary (not required for requests from individuals)

Name: _____ Signature: _____

Fee attached: Yes No

**PLEASE ATTACHED CHEQUE FOR PAYMENT OF APPEAL FEE (\$500)
IF A CHEQUE IS NOT ATTACHED AN INVOICE WILL BE GENERATED AND SENT TO THE APPELLANT. THE REQUEST FOR
LEAVE TO APPEAL WILL BE REVIEWED ONCE PAYMENT HAS BEEN CONFIRMED.**

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