



## Player Placement Appeal Form

Follow steps 1 through 4 to complete your player placement appeal.

**Step 1:** Enter player information below

<b>Player Name</b>		<b>Year of Birth</b>	
<b>Mailing Address</b>		<b>Postal Code</b>	
		<b>Telephone</b>	
<b>E-mail</b>		<b>Fax</b>	

**Step 2:** Indicate the reason that you are appealing your team placement by checking the appropriate box below

<input type="checkbox"/>	Player has consistently played in a higher division than currently assigned
<input type="checkbox"/>	Travel convenience (players will not be moved to a higher division team to accommodate requests to play with another player, however players can be moved down a level of play to accommodate such requests)
<input type="checkbox"/>	Other reason (please specify below)

**Step 3:** Please provide any details that you would like considered in your appeal hearing in the space below. Please be brief and specific, use point form if possible. Print clearly.

**Step 4:** Please fax this completed form to 403.984.2970 or return to the Soccer Office at NSD 7475 Flint Road SE.

**Please Note**

No telephone calls will be accepted regarding appeals. Results will be communicated via e-mail or posted letter.

**Office Use Only**

**Appeal Result:**  Granted       Refused

**Comments:**