**Instructions:**

In order to apply for an appeal, this form must be completed in its entirety to the best of your ability, and returned in this format. Faxes, PDF versions, etc *will not be accepted* as it is a working document. In addition, appellants must also forward to the Baseball Ontario Office:

1. The local association decision
2. The affiliated association decision
3. Any additional relevant information you would like the committee to consider.

Once all information is received by the office, this form will be returned to you as confirmation, with the "Office Use Only" section completed for your information.

Please note that all information supplied may be shared with the other party(ies) to this matter.

|  |  |
| --- | --- |
| Date: |       |
| **APPELLANT INFORMATION** |
| Name |        |
| Email |       |
| Phone Number |       | Cell Phone Number |       |
| **PLAYER INFORMATION** |
| Name |       |
| Current Address *(Proof of residency may be required)* |
| Address:  |       |
| City: |       | Province: | Ontario |
| Postal Code: |       |
| Date of Birth |       |
| Team played with in previous year: |       |
| **APPELLANT REPRESENTATIVE (If different from Appellant)** |
| Name |       |
| E-mail |       |
| Phone Number |       |
| **AFFILIATED ASSOCIATION INFORMATION** |
| Name of association |       |

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| --- |
| **LOCAL ASSOCIATION INFORMATION** |
| Name of Association: |       |

**NATURE OF APPEAL**

[ ]  Release

 Please indicate type of release:

 [ ]  Local Association Release

 [ ]  Affiliate Association Release

 [ ]  Both Local Association and Affiliate Association Release

[ ]  Other-Please describe:

|  |
| --- |
|       |

Describe the reason for the appeal:

|  |
| --- |
|       |

Please list any dates that you are ***not*** available in the next 30 days:

|  |
| --- |
|       |

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| **OBA OFFICE USE ONLY** |
| Date complete Appeal Package Received |  |
| Date Hearing to be held by |  |
| ***Completed application includes:*** |
| Local Association Release Decision |  |  |
| Affiliate Association Appeal Decision |  |  |
| Additional Supporting Documentation Provided |  |  |
| This document completed in full |  |  |
|  |  |  |
| Local Association President/Contact Name: |  |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| Affiliated Association Contact Name: |  |
| Phone Number: |  |
| Email Address: |  |