

# OHIO SOUTH YOUTH SOCCER ASSOCIATION NOTICE OF INTENT TO APPEAL

Submitted to the OSYSA Appeals Chairperson in care of the OSYSA office, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

A. Individual / Organization Filing The Appeal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

B. Principal Officer or Organization Rendering Original Decision:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

C. This Is An Appeal Of The Decision Of: \_\_\_\_\_

D. Date Of Decision Being Appealed: \_\_\_\_\_

E. Date Decision Was Received by Party Filing Appeal: \_\_\_\_\_

F. Specific Grounds For Appeal:

Failure to comply with or arbitrary application of any Local, State Association, US Youth Soccer or USSF Bylaw, rule, Regulation or Law of the Game. Must state and list rule violated.

Failure of the organization whose decision is being appealed to provide the party appealing of proper notice or the opportunity to be heard.

Other: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information that in this appeal is true and correct to the best of my knowledge. I have read all parts of this form. I have sent a copy of this notice to the organization named in paragraph B and to my state association. I have included the following items. This information is to be sent by certified mail.

The appropriate OSYSA Appeal fee of \$50.00.

Document Directory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Requesting Mediation

