

Notice of Appeal to OYSA

PLEASE ATTACH APPEAL FEE: \$300.00 (Cashier's Check or Money order only)

_____ Cashier's Check _____ Money Order

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

B. Opposing Party/Member Organization Rendering Decision (The Appellee): (Attach additional sheets as needed with the names, addresses, and phone numbers of any additional parties who appeared at the hearing being appealed.)

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Organization Member's President: _____

C. Date of Decision * being Appealed: _____

* **APPELLANT:** PLEASE BE SURE TO ATTACH A COPY OF THE DECISION TO THIS NOTICE OF APPEAL.

D. Please State Briefly the Reasons Why You Are Appealing the Decision:

E. Date Decision was received * by Appellant: _____

* APPELLANT HAS TEN (10) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH OREGON YOUTH SOCCER ASSOCIATION, TO THE ATTENTION OF THE PERSON AND THE ADDRESS SET FORTH BELOW:

I hereby certify that a true and correct copy of this Notice of Appeal. Together with appropriate appeals fee in the amount of \$300.00 (in the form of a cashier's check or money order), made payable to: Oregon Youth Soccer Association., has been sent to:

Oregon Youth Soccer Association
Attn: Brian Scott, Member Services Coordinator
4840 SW Western Ave., Suite 800
Beaverton, OR 97005

I further certify that a true and correct copy of this Notice of Appeal has been sent to the Opposing party(ies) designated in Section B, above and to the chairman of the Hearing Committee rendering the decision being appealed as follows:

Name: _____

Address: _____

Dated: _____

Signature of Appellant: _____