Notice of Appeal to USSF

PLEASE ATTACH APPEAL FEE: \$300.00 (Cashier's Check or Money order only)	
Cashier's Check	Money Order
A. Individual/Organization Filing Appeal	(the Appellant):
Name:	
Address:	
Home Phone:	Cell Phone:
Work Phone:	Work Fax:
Email Address:	
B. Opposing Party/Organization Member I	Rendering Decision (The Appellee):
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 THE UNITED STATES SOCCER FEDERATION, INC. NATIONAL APPEALS COMMITTEE, 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: The United States Federation, Inc., has been sent to:

The United States Soccer Federation, Inc. National Appeals Committee c/o Greg Fike USSF Appeal Committee, Attorney 1801-1811 South Prairie Avenue, Chicago, IL 60616

I further certify that a true and correct copy of this Notice of Appeal has been sent to the State Association and /or the State Association President listed in Section B above.

Dated:

Signature of Appellant