

## Notice of Appeal to OYSA

Please attach Appeal Fee: \$300 (Cashier's check, money order, or cash only)

Payment Type \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization Member's President: \_\_\_\_\_

**C. Date of Decision\* being Appealed:** \_\_\_\_\_

\*Appellant: Please be sure to attach a copy of the decision to the 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 THE 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 (in the form of a cashier's check, money order, or cash), made payable to: Oregon Youth Soccer Association., has been sent to:

Oregon Youth Soccer Association  
Attention: Jim Lakehomer, OYSA Vice President  
7920 SW Cirrus Drive  
Beaverton, OR 97008

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 Haring Committee rendering the decision being appealed as follows:

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

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

Dated: \_\_\_\_\_ Signature of Appellant: \_\_\_\_\_