

NOTICE OF APPEAL

PLEASE ATTACH APPEAL FEE: \$400 (Cashier's Check or Money Order Only)

_____Cashier's Check _____Money Order

A. Individual/Member/Organization Filing Appeal (the "Appellant"):

Name: _____

Address: _____

Telephone No.: (____) _____

Email address: _____

B. Opposing Party/Affiliate Rendering Decision (the "Appellee"):

Name: _____

Address: _____

Telephone No.: _____

Email address: _____

C. Date of Decision* being Appealed: _____

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

D. Date Decision was received* by Appellant: _____

*APPELLANT HAS FOURTEEN (14) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH THE FLORIDA YOUTH SOCCER ASSOCIATION APPEALS COMMITTEE, TO THE ATTENTION OF THE PERSON AND AT THE ADDRESS SET FORTH BELOW:

I hereby certify that a true and correct copy of this Notice of Appeal, together with appropriate fee in the amount of \$400 (in the form of a cashier's check or money order), made payable to: FLORIDA YOUTH SOCCER ASSOCIATION, has been sent to:

Florida Youth Soccer Association
Attn: Appeals Committee
2828 Lake Myrtle Park Road
Auburndale, Florida 33823

I further certify that a true and correct copy of this Notice of Appeal was sent to the Organization and Organization Contact listed in Section B above.

Dated: _____

Signature of Appellant