



STELLA ROSSA FOOTBALL CLUB

Appeal Submission Form

All appeals require a \$300 appeal fee.

- Payment must be made by etransfer to stellarossafc@outlook.com.
- The fee is refundable only if the appeal is successful.
- Appeals submitted without the fee will not be considered.
- The Appeal Submission Form must be submitted via email to stellarossafc@outlook.com within 14 days of receiving the written decision. Appeals submitted after this deadline will not be accepted.

Appellant Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Phone: _____
- Email: _____
- Relationship to Club: ☐ Player ☐ Parent/Guardian ☐ Coach ☐ Team Official ☐ Volunteer ☐ Other
- Team/Program: _____
- Member ID: _____

Decision Being Appealed:

- Date of Original Decision: _____
- Decision-Making Body: ☐ Discipline & Ethics Committee ☐ Dispute Resolution Panel ☐ Other
- Description of Decision: _____
- Date Received: _____

Grounds for Appeal: ☐ Procedural Error ☐ New Evidence ☐ Unreasonable Decision
☐ Excessive/Inappropriate Sanction

Explanation of Appeal: _____

Desired Outcome: _____

Supporting Documentation: (List attached documents)

1. _____ ☐ Attached
2. _____ ☐ Attached

Appeal Fee: \$300 (refundable if successful)

☐ etransfer sent

Declaration: I declare that the information is true and agree to comply with timelines, procedures, and confidentiality requirements.

Signature: _____ Date: _____



STELLA ROSSA FOOTBALL CLUB

For Office Use Only:

- Date Received: _____
- Received By: _____
- Payment Verified: ☐ Yes ☐ No
- Appeal ID: _____
- Assigned Chair: _____
- Screening Decision: ☐ Accepted ☐ Rejected
- Hearing Date: _____
- Final Decision Issued: _____
- Notes: _____