



OHF Appeals Committee Appeal Application Form

Ontario Hockey Federation
1185 Eglinton Ave. East, Suite 202
Toronto, Ontario M3C 3C6
Tel.: (416) 426-7249
Fax: (416) 426-7347

This form shall be received by the OHF Office no later than 15 days from the date the decision sought to be appealed was sent to the appellant and shall be accompanied by an Appeal Application fee of \$300.00 in cash or by cheque made payable to the "Ontario Hockey Federation". Should the Coordinator determine that the proposed Appeal does not qualify for an Appeal hearing the Appeal Application fee less \$50.00 administration fee will be refunded.

Appellant: _____

Respondent(s): _____

Standing Issue(s) Being Appealed:

- The decision that is in conflict with the Articles, By-Laws, Rules, Regulations and/or Policies of a Member Partner (MP), OHF or of Hockey Canada that may have had a material impact on the decision rendered. Please specify:
 Article ___ By-Law ___ Rule ___ Regulation ___ Policy ___ of a: Member Partner OHF Hockey Canada
- The party making the decision committed a material procedural error, or failed to provide a fair Appeal hearing that may have had a material impact on the decision rendered.
- The party making the decision did not have the authority or jurisdiction to make the decision.
- The party making the decision made or adopted an error of fact that may have had a material impact on the decision rendered.

Please note: No appeal to the OHF involving an allegation of Harassment or Abuse shall be heard by the Appeals Committee unless the relevant Member Partner has received a Fact Finder's report and rendered a final decision on the matter.

Grounds for Appeal and Facts Supporting Application:

As an attachment to this Application, please include in numbered paragraphs: the grounds for Appeal (including how the Appeal qualifies under the relevant standing issue(s) above), the supporting facts and clearly state the desired outcome of this Appeal. Pertinent documents, from the original Appeal, must be attached.

* Please indicate the total number of pages attached _____.

<p>Appellant Name: _____</p> <p>Address: _____ _____</p> <p>Residence Telephone: _____</p> <p>Business Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Pursuant to By-Law 5.13 (c) please note: If this application is submitted on behalf of an Association/Club a signature of the signing officer and a letter of support must follow. If submitted by an OHF Team a signature of the signing officer is required.</p> <p>Signing Officer: _____</p> <p>Association/Club/Team: _____</p> <p>Signature: _____</p>
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FOR OFFICE USE ONLY

<p><input type="checkbox"/> Qualifies for Appeal Hearing I, _____, OHF Appeals Committee Coordinator, hereby declare the grounds as cited by the appellant qualify the Appeal for hearing pursuant to By-Law 5.9. This determination shall be final and binding and there shall be no appeal therefrom.</p> <p><input type="checkbox"/> Does not Qualify for Appeal Hearing I, _____, OHF Appeals Committee Coordinator, hereby declare the grounds as cited by the appellant do not qualify the Appeal for hearing pursuant to By-Law 5.9 or 5.10. This determination shall be final and binding and there shall be no appeal therefrom.</p>	<p>Date Received: _____</p> <p>Fee Received: \$ _____</p> <p>Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____</p> <p>OHF Staff Signature: _____</p>
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The Ontario Hockey Federation is committed to respecting and protecting the privacy of our Member Partners, their Associations, individual members, their families and our employees. The personal information collected on this form and on any documents collected by the OHF with respect to this Appeal and any related proceeding will be used for the sole purpose of administering this Appeal, any related proceedings, and the Rules, Regulations and By-laws of the OHF. Any such documents containing personal information will, upon request, be returned to the party submitting them when no longer needed for those purposes.