

FORM 9

Notice of Appeal Hearing Form: Appellant

Appropriate Authority (name and address of the County/Regional Association/ dealing with the Complaint)	Southampton Netball Association
Disciplinary Secretary Name Contact email	Val Banks grahamval205@hotmail.co.uk
To	Date sent

Appellant name	
Address	
Email	

Leave to Appeal has been granted by the Chair of the Disciplinary Panel. You are hereby given formal notice of the Appeal Hearing that will consider the Appeal made by you

Appeal Hearing Details

Date	
Time	
Venue	
Appeal Panel Chairman	
Appeal Panel members	

Do you have any objection to the Panel members	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you object, please identify who you object to and give your reasons	
I will be attending the Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>

You may provide any additional information in writing to the Appeal Panel; the information must be received within 5 working days of the date of this Notice.

Please advise if you will be using the services of any representative.

Representative name and status	Address	Email

Please note that expenses will not be paid to you, any witness or representative attending the Appeal Hearing.

The Appeal process provides that when the Appellant is an individual they may be accompanied by one person of the Appellant's choice. Where the Appellant is a Club, it may be represented by an additional two of its officers.

Appellant status eg club/individual	Number of additional person(s) allowed at Appeal Hearing	Name(s) of additional person(s)

