SHOALHAVEN DISTRICT FOOTBALL ASSOCIATION INC.

**Written Statement by Participant Challenging a Decision on the basis of Mistaken Identity in a match Official’S** **Send Off / Expulsion Report.**

Your Details **Form 01**

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| Full Name: FFA Number: |
| Club Name: Date: |

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| Opposition Team: |

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| Grade: |

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| --- |
| Date: Kick Off Time: |

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| 1. I declare that the following Participant of my club was responsible for the offence and the Suspension issued against me should be transferred across to the Participant mentioned below.
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| Participant’s Name:fFA Number: |

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| 1. I declare that the information in this statement is accurate and to the best of my knowledge.
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| Contact Details: Mobile Number: Email: |

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| Signed: Date |

NOTES:

1. I acknowledge that I may be charged with misconduct if it is established that the contents of this statement are incorrect and amount to an abuse of process.
2. This notice of appeal has to be presented to SDFA within (24) hours after completion of the match.
3. In addition to submitting this form (2) Two Participant actually responsible for the offenceand form (3) Three by your club identtifying the Participant responsible for the offence.
4. Any other evidence which may support your challenge
5. Participants should read and consider rule 9.10 in full prior to signing and lodging this form to SDFA
6. If SDFA does not receive the properly completed forms by the time specified in parragragh 2 you are deemed to have committed the offence and will be issued with the suspension.

**Unless a Team Official has indentified on the Team Sheet that a Participant has been mistakenly, your Challenge will NOT be accepted**