SHOALHAVEN DISTRICT FOOTBALL ASSOCIATION INC.

**Notice of Appeal**

**Challenging a decision on the basis of mistaken identity in a match official’S** **Incident Repor**t

Your Details **Form 4**

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

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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. |
| 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. 2. 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. |

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| Contact Details:  Mobile Number: Email: |

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| Signed:  Date |

NOTES:

1. This notice of appeal has to be presented to SDFA within (7) seven days of the issue of the suspension,
2. The form is to be accompanied by the appeal fee which is can be found in SDFA rules section 10.1.10
3. Any other evidence which may support your challenge.
4. If SDFA does not receive all the properly completed forms by the specified in parragraph 1, you are deemed to have committed the offence and will be issued with the suspension.
5. 4. Participants should read and consider the rule 9.10 in full Mistaken Identity prior to lodging this form to SDFA.