

APPEAL FORM

PLEASE USE BLOCK CAPITALS THROUGHOUT & COMPLETE ALL SECTIONS

FOR OFFICIAL USE:
Date received at Central Office

I/We wish to Appeal against a decision of the
.....Section Committee

Regarding (Fair or Event) :.....
.....

I/We enclose £..... being the required deposit under Rule 20(d).
Under the terms of Rules 20(d) & 20(i)(3) the full cost or part thereof of an
Appeal hearing may be required to be paid by the unsuccessful party to the
Appeal. The cost of the hearing will be advised to both parties on the day of the
hearing, but as a guide, the average cost in 1999 was circa £300 per case.

Date of Section letter giving decision

Reference number quoted on decision letter

The other party/member involved in the case is

Membership number of the other party/member

Date of Fair or Event where the matter arose

Full and Comprehensive Grounds of Appeal - the reasons why I/we consider the
(See Rule 20.f.) decision is wrong - are as follows:

(Continue on back if necessary)

NAME OF MEMBER APPEALING Membership No:
ADDRESS TO WHICH I/WE WISH COMMUNICATION BE SENT:

.....
.....

TELEPHONE NO.: SIGNED DATE

(This form is to be completed in triplicate - one copy to be sent to the Section Secretary concerned - one to the General Secretary, Central Office, together with the necessary deposit - and one to be retained by yourself.