

APPEAL FORM

Part 1: To be completed by the appellant:

Appeals must be filed and signed by the appellant under the conditions outlined in the World Triathlon Competition Rules, and submitted to the Technical Delegate. An appeal is a request for a review of a decision made by the Head Referee. This is the first level of appeal and will be heard by the Competition Jury. All appeals must be accompanied with a cheque or cash for US\$50 or equivalent amount.

Event Name: <input style="width: 90%;" type="text"/> Event Location: <input style="width: 90%;" type="text"/> Name of Appellant: <input style="width: 90%;" type="text"/> Country of Appellant: <input style="width: 90%;" type="text"/> Address of Appellant: <input style="width: 90%;" type="text"/> <div style="text-align: center;">(street address)</div>	Event Date: <input style="width: 90%;" type="text"/> Time Appeal Submitted: <input style="width: 90%;" type="text"/> Race Number: <input style="width: 90%;" type="text"/> Email: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <div style="text-align: center;">(City and Postal Code)</div>
Telephone (home/cell): <input style="width: 90%;" type="text"/>	
Reason for Penalty received: Was the Penalty confirmed by the Head Referee?	Type of Penalty Received (Time, DSQ, Suspension): <input style="width: 90%;" type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Type of Appeal: (Check one box only.)

- Appeal against the Referee's ruling on a Violation Report
- Appeal against the Referee's ruling on a Protest:

Specific Location on the Course:

Name and Number of Race Official(s) / Athlete(s)/ Spectator(s) if Known

Description of the Incident (Use additional paper if required)

Witness Details (2):

Name of Witness 1:	<input style="width: 95%;" type="text"/>
Name of Witness 2:	<input style="width: 95%;" type="text"/>

Signature of Appellant	Date:	<input style="width: 95%;" type="text"/>
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Part 2 Official use only

Appeal Fee US\$50 USD attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this Appeal to reverse a Competition Jury decision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', attach Competition Jury Decision and action(s) and Referee's decision and action(s).	
Competition Jury Members (Names) and tick box to indicate if it was a 3 person jury or 5 person. <input type="checkbox"/> 3 person jury <input type="checkbox"/> 5 person jury	1.
	2.
	3.
	4.
	5.
Competition Jury Action:	
Competition Jury Chair's Name	
Signature:	
Time, Date Appeal Received:	
Time, Date Appeal processed:	
Amount of fee withheld/refunded:	