

APPEALS FORM



DETAILS OF PERSON SUBMITTING THIS FORM

Name:		Email:			
Phone:		Club:			
Position:		Signature:		Date of Submission:	/ /

WHAT YOU ARE APPEALING AGAINST

WHO MADE THE ORIGINAL DECISION

Name		Organisation/Committee	
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FURTHER COMMENTS ON APPEAL

POSTAGE & PAYMENT DETAILS

<p>Email: info@sarugby.com.au</p> <p>Post: Rugby Union South Australia PO Box 43 North Adelaide SA 5006</p> <p>Select a Payment Type:</p> <p><input type="checkbox"/> Cash Enclosed</p> <p><input type="checkbox"/> Cheque Enclosed (Please make all cheques out to 'Rugby Union SA')</p>	<p><input type="checkbox"/> Credit Card (complete details below or attached EFTPOS receipt)</p> <p>Name on Card: _____</p> <p>Card Type: MASTERCARD / VISA</p> <p>Card Number: _____</p> <p>Expiry Date: ____/____/____</p> <p>Signature: _____</p>
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WHAT TO DO WITH THIS DOCUMENT

The person submitting this notification form is required to **Complete** this document and **Submit** to the Union within 14 days of the relevant decision via:

Email: info@sarugby.com.au

Should you have any queries regarding this document, please contact SA Rugby Union on (08) 7070 6940.