

**School Sport ACT Appeal Form**

***TO BE USED IN CONJUNCTION WITH THE SSACT APPEALS POLICY***

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| **Name (of person the appeal pertains to)** |  |
| **Name (of person lodging appeal, if the above is under 18)** |  |
| **Contact Details** | **Email:****Phone:****Address:** |
| **School Student Attends**  |  |
| **Sport and/or Team (the appeal pertains to)** |  |
| **Reason for Appeal** |
| **Further Details (if required):** |

***Signature (Person Lodging the Appeal) Date***

**This form is to be submitted to the SSACT Executive Officer via email** **eo@schoolsportact.org.au** **within 5 days of the process/decision announcement pertinent to this appeal. Appeals lodged after the 5 days has elapsed will not be considered.**