

# Para-Equestrian Classification Appeal Form



Please PRINT in BLOCK LETTERS using a BLACK PEN			
<b>Appeal submitted by</b>			
Name:			
Title:			
Phone:			
Signature:			
Date:			
<b>Appeal</b>			
Name of Athlete being appealed:			
Classification Grade of Athlete:			
Clearly state reason for Appeal - Specify the grounds for the Appeal and in particular details of the error in procedure that is alleged to have taken place.			
Please provide any evidence and/or documents in support of the Appeal (use a separate sheet if necessary)			
Received by:			
Date received:		Time:	
Appeal fee of \$200 received: <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: the Appeal Fee is non-refundable regardless of Protest outcome			
Appeal Accepted <input type="checkbox"/> Yes			
Date and time for Appeal Body	Date:	Time:	am/pm
Appeal Accepted <input type="checkbox"/> No Reason for not accepting:			

# Para-Equestrian Classification Appeal Form



## Decision of Appeal Body

## Signed by Appeal Body

**Name**

**Signature**

Appeal Decision explained to:

- ☐ Athlete being appealed
- ☐ Person submitting appeal

☐ A copy of this form is to be given to the person making the appeal and will constitute a receipt for any money retained

☐ Original filed by EA.

☐ Copies of the appeal are to be sent to the EA Head Classifier.