ANCASTER MINOR HOCKEY LEAGUE

Website: www.ancasterminorhockey.com

APPEAL FORM

IMPORTANT! Please print neatly

Submit appeal forms with payment attached to either:

1. By Mail to: Ancaster Minor Hockey League, Attention: Vice President, P.O. Box 10003, 27 Legend Court, Ancaster, Ontario L9K 1P2, or

2. In person delivery to: Ancaster Minor Hockey League, Attention: Vice President Deposit in AMHL Mail Box, Morgan Firestone Arena, Jerseyville Road, Ancaster, Ontario

Appellant Surname (Player): _____ Date of Birth: _____ (Day/Month/Year)

Appellant First Name: _____ Division (i.e., Atom) if known: _____

Address: (Incl. #, street name, Lot & Con.): _____

City: _____ Postal Code: _____

Appeal filed by: (Please Print): _____

Contact Information: Tel. (Residential): _____ Tel (Business): _____

Email: _____ Fax (if applicable): _____

Item of Appeal (Brief description and basis of Appeal, and relief requested): _____

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Date: _____ (Day/Month/Year) Signature: _____

Type of Appeal requested to be heard and Applicable fee payable on Appeal (circle one):

Written appeal $25.00* **In Person appeal $50.00***

*The AMHL board may in its discretion waive the related fee.

PRIVACY STATEMENT: The information requested on this form is required by the Ancaster Minor Hockey League (AMHL) and its executives, employees, coaches, trainers, referees and volunteers) for registration purposes and to administer the rules and regulations of the AMHL and OMHA (as applicable) and provide notification of any upcoming events or other activities. In order to do so, the AMHL, may, if required request proof of a player's identity, address and date of birth.