** CEC Appeals Form**

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| Competition |  |
| Date and Time |  |
| Category/Round |  |
| Appeal Made by (Name/Province/Role) |  |
| Athlete and BIB # |  |
| Short description of appeal (Please include the rule #) |
| Signature |  |
| Email Address  |  |
| Appeal Fee | I acknowledge and agree that if my appeal is rejected, I receive an invoice from CEC for the $100 appeal fee. Default to pay this invoice will result in me and/or my athlete being ineligible to compete at future CEC Events. |

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| **ADMINISTRATION ONLY** |
| The Appeal has been: | Upheld | Rejected |
| Reason: |
| Appeal Jury Signature |  |
| Jury President |
| OPTIONAL: Title(s) and name(s) of the Consultant(s) who provided advice |  |
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