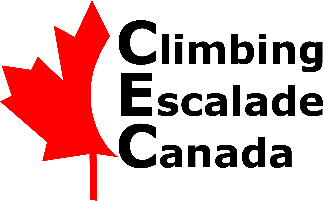
** CEC Appeals Form**

|  |  |
| --- | --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| **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 |  | |
|  | |
|  | |