



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	<input type="checkbox"/> 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:	<input type="checkbox"/> Upheld	<input type="checkbox"/> Rejected
Reason:		
Appeal Jury Signature		
	Jury President	
OPTIONAL: Title(s) and name(s) of the Consultant(s) who provided advice		