



## BRBHA EVALUATION APPEALS FORM

### The Player

Name: \_\_\_\_\_ (the "Player")

Player's BRBHA Evaluation Hockey ID Number for the current season: \_\_\_\_\_

Age Category: \_\_\_\_\_ First Year or Second Year (circle one)

Placement Team: \_\_\_\_\_ (Team Number of Division)

Parent Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Player History (for the most recent 4 seasons, if applicable):

Season	Association	Community Team#	HC Division

### Attendance

Did the player attend all evaluation sessions:    Yes                  No  
If not, why?

### **Sickness, Injury or Partial Attendance**

If the reason for the appeal is on the basis of sickness, injury or inability to attend a session, please explain the details of the circumstances, indicate whether notification was made to BRBHA in accordance with the policy set out in the Evaluation Manual and whether one of the procedures set out for player placement in those circumstances set out in the Evaluation Manual was breached.

### **Particulars of the Appeal**

Describe the reason for the appeal with a mind to the factors and guidelines used to determine an appeal set out in the Appeal Policy:

[Use additional pages if required]

### **Payment and Acknowledgements**

Have you attached funds in the amount of \$ **200.00** to this Appeal Form or made arrangements with an Appeal Coordinator for immediate delivery of the funds?

Yes      No

[The appeal will be denied if it is not accompanied by the appropriate funds]

Do you acknowledge that the funds are will not be refunded to you if the appeal is unsuccessful?

Yes                      No

Do you acknowledge that the appeal and appeal decision will be communicated to the Bow River Bruins Hockey Association Board of Directors?

Yes                      No

Do you acknowledge that a record of this appeal will be kept by the Bow River Bruins Hockey Association?

Yes                      No

I acknowledge that if this form is not completed in full that my appeal will be denied on that basis.

Yes    No

I have read the Evaluation Manual prior to advancing this appeal.

Yes    No

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

The decision of the Appeal Committee is final and binding. Take note that advancing an appeal does not entitle the player or parent to access to all of the information from evaluations. The Committee shall use that information at its sole discretion. *You are permitted to attach further pages with any additional information you feel is necessary for the Appeals Committee.*