

# Ontario Hockey Federation

## APPEAL APPLICATION FORM



This form shall be received by the OHF Office no later than seven (7) days from the date the decision sought to be appealed was sent to the appellant and shall be accompanied by an Appeal Application fee of \$300.00 in cash or by cheque made payable to the "Ontario Hockey Federation", or an e-transfer to [kwillms@ohf.on.ca](mailto:kwillms@ohf.on.ca). If the Coordinator determines that the proposed Appeal does not qualify for a hearing, the Appeal Application fee will **not** be returned to the appellant. For more information on the Appeals Process download a copy of OHF Regulation 6 from [www.ohf.on.ca](http://www.ohf.on.ca).

**1. Name of person making application for appeal (APPELLANT):**

First Name		Last Name	
Address		City	Postal Code
Home Phone	Home Fax	Work Phone	Work Fax
Email			

**2. Name of Organization or Person whose decision is being appealed (RESPONDENT):**

<input type="checkbox"/> ALLIANCE	<input type="checkbox"/> GTHL	<input type="checkbox"/> NOHA	<input type="checkbox"/> OHA	<input type="checkbox"/> OHL	<input type="checkbox"/> OMHA	<input type="checkbox"/> OWHA
Additional Name (if applicable)						

**3. Pursuant to OHF Regulation 6.5.2 you must indicate the "standing issue" or reason why you are appealing the previous decision(s). If appropriate, you may select more than one box.**

<input type="checkbox"/>	The decision is in conflict with the <input type="checkbox"/> Articles ____, <input type="checkbox"/> By-Laws ____, <input type="checkbox"/> Rules ____, <input type="checkbox"/> Regulations ____ and/or <input type="checkbox"/> Policies ____ of a: <input type="checkbox"/> Members, <input type="checkbox"/> the OHF or <input type="checkbox"/> Hockey Canada and may have had a material impact on the decision rendered.
<input type="checkbox"/>	The party making the decision committed a material procedural error, or failed to provide a fair Appeal hearing, that may have had a material impact on the decision rendered.
<input type="checkbox"/>	The party making the decision did not have the authority or jurisdiction to make the decision.

**4. Facts Supporting Application – What you must include with this application form.**

As an attachment to this Application, please include concisely and in numbered paragraphs: (a) the grounds for Appeal (including how the Appeal qualifies under the relevant standing issue(s) above), (b) the supporting facts and (c) clearly state the desired outcome of the requested Appeal. Pertinent documents, from the original Appeal, must be attached.

**Please note the Following:**

- a) No appeal to the OHF involving an allegation of harassment or abuse or bullying shall be heard by the Appeals Committee unless the relevant Member has received a Fact Finder's report and rendered a final decision on the matter.
- b) If this application is submitted by a third party on behalf of an Association/Club, or on behalf of a Team that is a member of an Association/Club, it must be accompanied by a letter of support signed by at least one of the signing officers of the Association/Club. If it is submitted by a Team that registers directly with a Member, this form must be signed by a signing officer of that Team in the space provided below.

(This is not required for a personal appeal)

Signing Officer Name	Association/Club/Team Name	Signature
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**For Office Use Only:**

Date Received	OHF Staff Signature
Fee Received	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # ____

**Note to Applicants:**

Please ensure that you have completed this form in full. Incomplete applications may not be processed. If you have any questions, please contact the OHF Office.