

**REGIONAL AND STATE APPEAL FORM**

**DIRECTIONS TO COACHES:** This form must be completed in writing if you feel that a rule has been misapplied or misinterpreted. Judgment decisions may not be appealed. If your complaint concerns a judgment decision, this appeal will be considered VOID. After completing the form, present to the MEET REFEREE for consideration.

DATE \_\_\_\_\_ MEET:                      Regional                      State

CLASS:                      A                      2A                      3A                      4A                      5A                      6A

NAME OF SCHOOL

\_\_\_\_\_

NAMES OF CONTESTANTS

\_\_\_\_\_

EVENT IN QUESTION

\_\_\_\_\_

RULE IN QUESTION \_\_\_\_\_ PAGE                      IN                      RULES                      BOOK

\_\_\_\_\_

In concise form state the nature of your appeal and your basis for it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:** I certify that I have read the directions above and understand them. I further certify that the information submitted is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Position

\_\_\_\_\_

**TO BE COMPLETED BY REFEREE**

**DISPOSITION OF APPEAL:** Briefly explain action taken. If NONE, so indicate and explain why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of Jury of Appeal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_