

Deaflympics Appeals Pro-forma

| Date notification of non-selection was received | |
|---|--|
| Date of submission | |
| Sport | |
| Name of athlete the appeal concerns | |
| Criteria on which the appeal is being made | |
| against. | |
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| Justification for why the appeal has been | |
| made (continue on a separate sheet if | |
| necessary). | |
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| Evidence/Additional Information (continue | |
| on a separate sheet if necessary). | |
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Person making the appeal;

| Name | Signature | |
|-------|-----------------|--|
| Sport | Email/Telephone | |

If you are making the appeal on behalf of an athlete, please sign below;

| Name | Signature | |
|------------------------|-----------------|--|
| Relation to athlete | Email/Telephone | |



This form should be e-mailed to the Chef De Mission <u>cdm@ukds.org.uk</u>, no later than 2 days following receipt of confirmation of non-selection. Failure to submit the appeal within this timeframe will result in the appeal being instantly declined upon receipt.