

**South Region Soccer League**  
**3150 Ridgeway Dr. Unit 44**  
**Miss. ON L5L 5R5**  
**Tel: (905) 608-1300 Toll Free: 1-866-862-7555 Fax: (905) 608 8340**

## **RIGHTS OF APPEAL INFORMATION**

You have the right to appeal the decision of the South Region Soccer League.

This decision may be appealed to the OSA DISCIPLINE & APPEALS COMMITTEE and may be appealed by any party affected by the decision.

The letter of appeal must specify your rationale for appealing the decision of the South Region Soccer League. Your rationale must include:

- a) New facts not available when the South Region Soccer League's decision was made or not available at previous hearing; OR
- b) Specific procedural errors made by the South Region Soccer League or at previous hearings; OR
- c) Specific instances where Articles or Rules have been wrongly interpreted by the South Region Soccer League or at previous hearings; OR
- d) Alleged excessive fine, fee, bond, or suspension.

Failure to provide adequate rationale will result in your appeal being disallowed.

The appeal must be submitted in writing by registered mail or recognized Courier Service or be hand-delivered or by fax or by e-mail to:

**OSA LEAGUE MANAGEMENT**  
**c/o Ontario Soccer Association**  
**Attn: Discipline and Appeal Committee**  
**7601 Martin Grove Rd.**  
**Vaughan, ON L4L 9E4**

**FAX: (905) 264-9445**  
**TEL: (905) 264-9390**  
**EMAIL: [AppealToOSA@soccer.on.ca](mailto:AppealToOSA@soccer.on.ca)**

When registered mail or recognized Courier Service is used to submit the appeal, it must be postmarked or dated no more than five (5) working days from the receipt of the written decision.

When hand-delivered, fax or email is used to submit the appeal:

- a) it must be at the OSA office no later than five (5) working days from the written decision
- b) the recorded payment must be received with the hand deliver or, within five response days after the receipt of the fax.
- c) In cases of disputed delivery date regarding appeals submitted by hand-delivery, or fax, it is the responsibility of the Appellant to prove which date the appeal was received at the OSA office.

A copy of the letter of appeal may be sent to the South Region Soccer League at its address below:

South Region Soccer League  
3150 Ridgeway Dr. Unit 44  
Miss. ON L5L 5R5  
Fax: (905) 608 834

However, it is the responsibility of the Governing Organization to advise all relevant parties about the appeal and to provide them with a copy of the appeal.

The appeal MUST include the following:

1. A letter of appeal;
2. The appeal fee of FIVE HUNDRED DOLLARS (\$500.00) by certified cheque or money order;
3. A copy of the decision being appealed

If the Appeal is upheld, the appeal fee will be returned to the appellant.



# The Ontario Soccer Association - Appeal Request Form

(For OSA Appeals Only)

## Contact Information of Individual Requesting Appeal

Your Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Your Status:  Administrator  Coach  Game Official  Player

## Registrant/Registered Organization requesting an Appeal (Appellant)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Registrant No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Web Address: \_\_\_\_\_

Status:  District  League  Club  Administrator  Coach  Game Official  Player

## Grounds for the Appeal

*\*The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard.\**

- The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable governing documents.
- New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.
- The decision maker failed to properly interpret the relevant Published Rules.
- The decision maker failed to follow procedures as described in the relevant Published Rules.
- The decision was influenced by bias, where bias is defined as a lack of neutrality to such an extent that the decision-maker is unable to consider other views.
- The decision is excessive of the guidelines established related to fines, fee, penalties or bonds.

## Appeal Information

Request for Leave to Appeal a Decision of: \_\_\_\_\_ (Respondent)  
*District, League or Club (Governing Organization)*

Date of Decision: \_\_\_\_\_ Date Decision was Received, if Received: \_\_\_\_\_  
*\*Appeal must be filed within 14 days of receipt of the decision being appealed.\**

Date Rights of Appeal Received, if Received: \_\_\_\_\_

Outstanding Fine, Fee, Bond or Penalty, if so, List Amount: \_\_\_\_\_

Remedy Requested: \_\_\_\_\_



**Evidence that Supports the Grounds of Appeal Checked Above**

*\*Note: Please provide all evidence that supports your application for leave to appeal. You will not be able to resubmit any new evidence or a submission after this application is submitted. Copies of your appeal and the Respondents responses will be provide to both parties by the OSA. . Additional pages may be attached.*

**Supporting Evidence**

*\*Please describe and attach in numerical order all documents and evidence that support your argument for leave to appeal including, but not limited to relevant pages of, Constitutions, By-Laws, Game Sheets, Reports, Statements and Player Books.\**

- 1.
- 2.
- 3.
- 4.
- 5.

**Witness List**

*\*Please list all individuals you intend to bring as a witness (if any) to testify on your behalf.*

- 1.
- 2.
- 3.

**Appeal Registration Check List and Signature**

*\*Please ensure the following tasks have been completed or your Appeal Application is not complete.\**

1. Complete OSA Appeal Request Form.
2. Provide A copy of the decision being appealed or your (the Appellant's) understanding of the decision if the decision has not been received or provided.
3. Enclose a payment of five hundred dollars (\$500.00) in the form of a certified cheque or postal money order. Your leave to appeal will be denied if payment it is not received.
4. Attach Submissions, Evidence and Attachments in their entirety.
5. Complete your Witness List.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Appeal Fee Received: \_\_\_\_\_ Case No.: \_\_\_\_\_

Appeal Request Form Complete: \_\_\_ Yes \_\_\_ No If No, Missing Documents: \_\_\_\_\_

Assigned to OSA Appeal Committee Member: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Leave to Appeal Granted: \_\_\_ Yes \_\_\_ No