

Appeals Form

DETAILS OF PERSON SUBMITTING THIS FORM					
Name:			Email:		
Phone:			Club:		
Position:		Signature:		Date of Submission:	/ /

WHAT YOU ARE APPEALING AGAINST

WHO MADE THE ORIGINAL DECISION		
Name		Organisation/Committee

FURTHER COMMENTS ON APPEAL

POSTAGE & PAYMENT DETAILS	
Email: info@ntrugby.com.au Fax: (08) 8945 2060 Post: Northern Territory Rugby Union PO Box 41937 Casuarina NT 0811 Select a Payment Type: <input type="checkbox"/> Cash Enclosed <input type="checkbox"/> Cheque Enclosed (Please make all cheques out to NT Rugby Union)	<input type="checkbox"/> Credit Card (complete details below or attached EFTPOS receipt) Name on Card: _____ Card Type: MASTERCARD / VISA Card Number: _____ Expiry Date: ____/____/____ Signature: _____

WHAT TO DO WITH THIS DOCUMENT
The person submitting this notification form is required to Complete this document and Submit to the Union within 14 days of the relevant decision via: Email: competition@ntrugby.com.au Fax: (08) 8945 2060 Should you have any queries regarding this document, please contact NT Rugby Union on (08) 8945 1444.