
Calgary West Soccer Club Player Placement Appeal Form

Please fill in steps 1 through 4 to complete your player placement appeal.

Step 1: Enter your player information

Player Name		Year of Birth	
Mailing Address		Postal Code	
		Telephone	
E-mail		Fax	

Step 2: Indicate the reason why you are appealing your team placement

<input type="checkbox"/>	Player has consistently played in a higher division than currently assigned.
<input type="checkbox"/>	Travel convenience (players will not be moved to a higher division team to accommodate request to play with another player, however players can be moved down a level of play to accommodate such requests)
<input type="checkbox"/>	Other reason (please specify below)

Step 3: Please provide any details that you would like considered in your appeal hearing in the space below. Please be brief and specific, use point form if possible. Print clearly.

Step 4: Please fax this completed form to: 398 0513

Or mail it to:

Calgary West Soccer Club
Crowfoot UPS Store
Box 628 #150-105 Crowfoot Cres. NW. T3G 3T2

Or E-mail to:

HeadCoach@calgarywestsoccer.com

Please Note

No telephone calls will be accepted regarding appeals. All appeals will be processed prior to season start. Results will be communicated via e-mail, fax or posted letter.

Office Use Only

Appeal Result: ____ Granted ____ Refused
Comments: