## NOTICE OF APPEAL

PLEASE ATTACH APPEAL FEE: \$ 300 (Cashier's Check or Money Order Only)	
Cashier's Check	Money Order
A. Individual/ Organization Filing Appea	al (the Appellant):
Name:	
Address:	
Home Telephone No.:	
Work Telephone No.:	
Email address:	
B. Opposing Party/Organization M	<b>Iember Rendering Decision (the Appellee):</b>
Name:	
Address:	
Organization Member Telephone No.:	
Organization Member Email Address:	
Name of Organization Member President:	

C. Date of Decision* being Appealed:
* APPELLANT: PLEASE BE SURE TO ATTACH A COPY OF THE DECISION TO THIS NOTICE OF APPEAL.
D. Please State Briefly the Reasons Why You Are Appealing the Decision:
E. Date Decision was received* by Appellant:
E. Date Decision was received by Appenant.
* APPELLANT HAS FOURTEEN (14) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH THE UNITED STATES SOCCER FEDERATION, INC. NATIONAL APPEALS COMMITTEE, TO THE ATTENTION OF THE PERSON AND AT THE ADDRESS SET FORTH BELOW:
I hereby certify that a true and correct copy of this Notice of Appeal, together with appropriate appeals fee in the amount of \$300 (in the form of a cashier's check or money order), made payable to: The United States Soccer Federation, Inc. , has been sent to:
The United States Soccer Federation, Inc. National Appeals Committee c/o Greg Fike, General Counsel
303 E Wacker Dr. Suite.1200, Chicago, IL 60601.
I further certify that a true and correct copy of this Notice of Appeal has been sent to the Organization Member and/or the Organization Member President listed in Section B above.
Dated:
Signature of Appellant