

# Notice of Appeal

Touch Football Australia Inc.  
 PO Box 9078  
 Deakin ACT 2600  
 ABN: 55 090 088 207 | A 1092



Notice of appeal is to be lodged within 7 days of notification of determination. Any notice of appeal must comply with regulation TFA Regulations, section 17(b) or 17(c). All documentation relevant to appeal, including initial tribunal documentation and appeal bond should be included.

Touch Football Australia Disciplinary Regulations available [www.austouch.com.au](http://www.austouch.com.au)

please use capital letters

## First Level of Appeal

TFA Authority Appeals Officer (affiliate/region/state)

Refer local Touch Football Australia affiliate

## Second Level of Appeal

Touch Football Australia Appeals Officer

**Email (Preferred)**

tfaappealsofficer@  
austouch.com.au

**Post**

TFA Appeals Officer  
 PO Box 9078  
 Deakin ACT 2600

**Fax**

02 6212 2822

I hereby appeal against the findings and/or decisions of the disciplinary tribunal made on the following date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
dd			mm			yyyy	

## Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(first name)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(surname)

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club / team name

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affiliate name

I understand there are only two rights (or levels) of appeal following the decision of the initial Disciplinary Tribunal. Any appeal must first be made to the TFA Authority Appeal Tribunal and then to the TFA Appeal Tribunal. The decision of the TFA Appeal Tribunal is final and binding on the parties.

<input type="text"/>
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(signature)

## Action Sought (First Level of Appeal)

Appeal to TFA Authority Appeal Tribunal

<input type="checkbox"/> Challenge to Disciplinary Tribunal decision	<input type="checkbox"/> Variation of penalty imposed by Disciplinary Tribunal	<input type="checkbox"/> Both
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## Action Sought (Second Appeal of Level)

Appeal to TFA Appeal Tribunal

<input type="checkbox"/> Challenge to Appeal Tribunal decision	<input type="checkbox"/> Variation of penalty imposed	<input type="checkbox"/> Both
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## Grounds of Appeal

<input type="text"/>
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## TFA Authority Appeal Fee

<input type="checkbox"/> appeal fee enclosed (\$200)	<input type="checkbox"/> cheque	<input type="checkbox"/> money order	<input type="checkbox"/> credit card
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Appeal fee is returned to applicant upon successful appeal, and surrendered upon unsuccessful appeal.

## TFA Appeal Fee

<input type="checkbox"/> appeal fee enclosed (\$400)	<input type="checkbox"/> cheque	<input type="checkbox"/> money order	<input type="checkbox"/> credit card
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Appeal fee is returned to applicant upon successful appeal, and surrendered upon unsuccessful appeal.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
credit card number											<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	
											dd		expiry		mm	

<input type="text"/>
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name on card

I agree for the above credit card to be charged \$400.

<input type="text"/>
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(signature)

**Evidence Called/Submitted**

**Office Use Only**

report received by

(signature)

/   /

dd

mm

yyyy

:

hh

mm

**Appeal Fee**

Received

Processed

**Appeal Tribunal Chairperson**

(first name)

(surname)

(chair signature)

(chair signature)

/   /

dd

mm

yyyy

**Appeal Outcome**

Appeal Denied

Appeal Granted

Penalty