Notice of Appeal

Calgary Men's/Ladies/Coed Slo-Pitch League

Suspended Individuals Contact Information

Name: _____

Team: _____

Email: _____

Phone #: _____

Ejection Report Number Please reference notice of suspension

REASON(S) WHY THE SUSPENSION SHOULD BE REVIEWED AND RECONCIDERED:

Give a detailed explanation of why this suspension should be reviewed

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SIGNATURE

Signature	Print Name	Date (MM/DD/YYYY)

This **Notice of Appeal** is to be delivered to the **League President** of the *CMLC Slo-Pitch League*.