



**Wellington Underwater Hockey Association**

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**APPEAL FORM**

**Team Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Card Issued:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Reason for card issued:** \_\_\_\_\_

\_\_\_\_\_

**Please Explain why you believe that the card should not have been issued.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you think a different card should have been issued instead?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you wish to appear in person before the WUHA Committee? Yes/  
No**

**Please note that in some circumstances the Committee may ask you  
to be present.**