PARA ARCHERY APPEAL FORM

**Details of National Federation submitting appeal:**

Federation/Country

Name of representative

Position

 Signature

Date Place

Event

Competitors Name and Number

Classification process being appealed

*Details (use back of form)*

**FOR OFFICIAL USE**

Date and Time received

Appeal fee paid (40 Euro or 50 USD)

Name and signature of Receiving Official

Decision of Appeal Panel (use back of form)

Date and Time of decision

 Signature of Appeal Panel

Appeal Fee Refunded

Date and Time

 Name and signature of refunded

Filed on by rec. N°

**APPEAL DETAILS**

**DECISION OF APPEAL PANEL**