GAF Appeal Form

(Each GAF must have its a separate appeal form. Multiple appeal forms may be submitted together)

Name of Appealer: _____ Date: _____

Date of Event: _____ Location: _____

Team 1: _____ vs Team 2: _____

Cause of GAF (Check one):

_____ Day not blocked **_____ Match Rejected (not accepted)**

_____ Match Returned (accepted but turned back in) **_____ Failure to show up**

I was scheduled to: (Check one)

_____ Referee (either R1 or R2)

_____ Referee and Line Judge **_____ Line Judge Only**

The reason I am asking this GAF to be waived/reduced is: (explain below)

GAF Committee Use Only **Date Reviewed: _____**

_____ GAF is enforced _____ GAF is waived _____ GAF is adjusted _____ Sent to Board

Committee Chair Signature: _____

Additional Members : _____ _____

_____ _____

_____ _____

(*Copy sent to President, Secretary, Treasurer, and Division Representative)*