

SKI RACING NEW ZEALAND INC.
JUDICIAL COMMITTEE

FORM 3

APPLICATION FOR APPEAL

1. Details of the Person / Organisation Appealing (“the Appellant”)

Name: _____

Contact Person (if Organisation):

Name _____ Position _____

Postal Address _____

Telephone (Wk) _____ (Hm) _____

Facsimile (Wk) _____ (Hm) _____

Mobile: _____ Email _____

2. Indicate who the appeal is against:

SKI RACING NEW ZEALAND PANEL OF SELECTORS
(Selection or Non Selection Appeal under Rule 11.6 of Constitution)

OR

.....
(Name of Member Organisation against whose decision you wish to Appeal under Rule 12.4 of the Constitution)

Contact Person:

Name _____ Position _____

Postal Address _____

Telephone (Wk) _____ Mobile _____

Facsimile (Wk) _____ Email _____

3. Details of Appellant’s Representative

Please insert the details of your legal representative or other person, if any, who will be representing you in these Proceedings.

Name of Representative _____

Firm/Company _____

Postal Address _____

Telephone (Wk) _____ Mobile _____

Facsimile (Wk) _____ Email _____

4. Interested Parties

Are there any other persons or organisations who or which may be directly affected by, or who has a sufficiently close interest in, the outcome of these Proceedings? If so please insert their contact details.

Name _____

Contact Person (if organisation):

Name _____ Position _____

Postal Address _____

Telephone (Wk) _____ (Hm) _____

Facsimile (Wk) _____ (Hm) _____

Mobile _____ Email _____

Reason person may be affected or have a sufficiently close interest in the outcome:

5. Decision being appealed

Please provide details of the decision which you are appealing against, including, where applicable, which committee or person within the Member Organisation made the decision, the date it was made, and the nature of the decision. Where there was a written decision please also attach a copy of the decision to this application.

(Continue on separate pages if necessary)

8. Outcome Sought

Please specify the outcome or relief you are seeking from the appeal.

9. Urgency

Are there grounds for suggesting this appeal should be heard on an urgent basis?

Yes [] No []

If yes, please describe below the reasons why you consider there is urgency in hearing the appeal.

10. Signature of Appellant

The Appellant's representative may sign on behalf of the Appellant, and in so doing undertakes s/he has the authority to do so.

Signed _____
Name _____ (print)
Position _____
Date _____

IMPORTANT INSTRUCTIONS FOR FILING THIS APPLICATION

To file this application you must:

- (a) Complete and sign this application form.
- (b) Pay an Appeal Fee of \$100.00 (inclusive of GST)*.
- (c) Where there is a written decision attach a copy of the decision being appealed.
- (d) Attach any statements of evidence from any witnesses, including yourself which you intend to rely on in this appeal;
- (e) Attach any other evidence or exhibits which you intend to reply on in this appeal;

and send all of the above to:

SKI RACING NEW ZEALAND INC.

PO Box 9235

Addington

CHRISTCHURCH

Email: sue@skiracing.org.nz

Fax: 03 942 9564

In the case of an appeal under Rule 12.4 of the Constitution you must also send a copy of this Application for Appeal and accompanying documents to the Member Organisation against whose decision you are appealing at the same time as you file it with SRNZ.

* You may apply to SRNZ to waive all or part of the appeal fee if you can show hardship. You must write to SRNZ and submit evidence of your hardship with any such application.