**BUCS FULL APPEAL PRO FORMA**

PUBLISHED | 1 OCTOBER 2021

*This document should be read and completed in conjunction with BUCS REG 15 (‘Match Appeals’).*

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| **Name of Institution/Playing Entity Submitting Appeal** | | | |  | | | | |
| **Sport** (E.g. Rugby Union) |  | | | **League/Knockout Name** (E.g. South Eastern 2A) | | | |  |
| **Date and Time of Fixture** (Scheduled start time) | | |  | | | | **Venue** |  |
| **Home Team** (E.g. Bath Men’s 1st) | |  | | | **Away Team** (E.g. Bristol Men’s 2nd) | | |  |
| **Result** (H – A) | |  | | | | | | |
| **Date and Time of Notification of Initial Appeal Decision** | | | | | | | |  |
|  | | | | | | | | |
| **Justification for Full Appeal:** (Please submit any supporting evidence when e-mailing the form to [discipline@bucs.org.uk](mailto:discipline@bucs.org.uk)) | | | | | | | | |
| **Athletic Union/Sports Office Authorisation** *The individual signing this form hereby declares all of the details provided to be true and accurate; and that they understand that the completion and submission of this pro forma will commence the Full Appeal process.* | | | | | | | | |
| **Name** | | | | | |  | | |
| **Position** | | | | | |  | | |
| **Telephone Number** | | | | | |  | | |
| **Signature** | | | | | |  | | |
| **Date** | | | | | |  | | |