**Squash Ireland Form 10**

**Notice of Appeal of Selection Form**

(Must be submitted within 24 hours of the selections being announced or communicated to an player, whichever is first)

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| **Date:** |
| **Name of Person Appealing:** |
| **Selection being Appealed**Team: Date of selection: Event/Competition: Date of Event/Competition:  |
| **Reason for Appeal, choose 1 or 2 below:** (By circling the number selected)1. There has been an alleged failure of the selection panel to follow or apply the relevant selection procedure and/or criteria set out in the applicable selection policy (e.g. there has been a procedural defect),
2. The selection panel decisions for the tournament have been reached on the basis of an error of fact.
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| **Details of appeal and supporting documentation:** |
| Signed by Person making the appeal or a parent or guardian if under 18 years of age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:  |
| \*Proof of payment of €200 must accompany this notice of appeal |

This form must be sent via email to honsecretary@irishsquash.com and copied to ceo@irishsquash.com .