



## RWA14A - Appeals Form

### DETAILS OF PERSON SUBMITTING THIS FORM

Name:		Email:				
Phone:		Club:				
Position:		Signature:		Date of Submission:	/	/

### WHAT YOU ARE APPEALING AGAINST

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### WHO MADE THE ORIGINAL DECISION

Name		Organisation/Committee	
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### FURTHER COMMENTS ON APPEAL

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### POSTAGE & PAYMENT DETAILS

Email: [justin.shakeshaft@rugbywa.com.au](mailto:justin.shakeshaft@rugbywa.com.au)

Post: RugbyWA  
PO Box 146  
Floreat WA 6014

#### Select a Payment Type:

- Cash Enclosed
- Cheque Enclosed  
(Please make all cheques out to 'Western Australian Rugby Union Inc.')

Credit Card  
(complete details below or attached EFTPOS receipt)

Name on Card: \_\_\_\_\_

Card Type: MASTERCARD / VISA

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

### WHAT TO DO WITH THIS DOCUMENT

The person submitting this notification form is required to **Complete** this document and **Submit** to the Union within 14 days of the relevant decision via:

Email: [Justin.shakeshaft@rugbywa.com.au](mailto:Justin.shakeshaft@rugbywa.com.au)

Should you have any queries regarding this document, please contact Justin Shakeshaft 0412 567 781.