

# NOTICE OF APPEAL

PLEASE ATTACH APPEAL FEE: \$300 (Cashiers Check or Money Order Only)

\_\_\_\_\_ Cashiers Check \_\_\_\_\_ Money Order

## A. Individual/Organization Filing Appeal ( the "Appellant"):

NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME FAX: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## B. Opposing Party/National State Association Rendering Decision ( the "Appellee"):

Mississippi Soccer Association  
628 Lakeland East Drive Std D  
Flowood, MS 39232

Phone: 601-982-5198

Fax: 601-982-5297

President: David Dodd

C. Date of Decision\* being appealed: \_\_\_\_\_

**APPELLANT HAS TEN (10) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH THE UNITED STATES SOCCER FEDERATION, INC. NATIONAL APPEALS COMMITTEE TO THE ATTENTION OF THE PERSON AND AT THE ADDRESS SET FORTH BELOW:**

I hereby certify that a true and correct copy of this Notice of Appeal, together with appropriate appeals fees in the amount of \$300 ( in the form of a cashier's check or money order), made payable to: The United States Soccer federation, Inc, has been sent to:  
The United States Soccer federation, Inc. National Appeals Committee  
C/o USSF Secretary General  
1801-1811 S. Prairie Avenue, Chicago, IL 60616

I further certify that a true and correct copy of this Notice of Appeal was sent to the State Association and State Association President listed in Section B above.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Appellant