

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