

ALPINE CANADA ALPIN APPEAL FORM

Section 1: Person Filing the Appeal		
Name:	Date of Submission:	Role:
Mailing Address:	City, Province:	Postal Code:
Email Address:	Phone Number:	Team/Club:
What was the final decision made by the AISB?		
Please explain in detail your rationale for appealing the decision of the AISB.		

