

Notice of Appeal

Name (Appellant)		Date		Time	am/pm
					· / F···
Licence #		Meeting Name (if		·	
Kart #		applicable)			
Class Name		Organiser			
As the Appellant, I wish to lodge	an appeal against the outcome of a 🛛 STI	EWARDS Hearing	g 🔲 TRIBUNAL Hearir	Ig	
Hearing Venue		On Date			
You must attach a copy of the ab	ove Stewards Hearing findings or the Tribunal	Hearing written	outcome		
Grounds for the Appeal	 Severity of the Penalty Error in the application and interpret Natural justice having been denied at 				
Brief summary of why this Appeal should be considered					
I/we wish to present the followi	ng witnesses in support of this Appeal (provi	de attachments	if insufficient space)		
WITNESS (NAME)	ADDRESS			PHONE	
I/we wish to present the followi	ng evidence/submissions in support of this A	ppeal (provide a	ttachments if insufficien	t space)	
I/we agree to be bound by the p	rovisions of the Karting NSW Rules, Regulatio	ns and Policies i	n force.		
Signed			Date		
 Race Meeting KNSW Tribun 	orm MUST be completed by the Appellant and g Stewards within 1 hour of the handing down al Registrar within 24 hours of being advised c IUST be accompanied by the relevant appeal f	of the Stewards of the outcome o	Hearing Findings.	iting.	

	TO BE CO	OMPLETED E	BY RACE MEETI	NG STEWAR	DS OR THE KNS	SW TRIBL	JNAL REGISTRA	R		
Track & Race Permit #					Date received		Time reco	eived		am / pm
Appeal Fee \$		Receipt #			Is this within tim	e limit?	🔲 YES (NO		
Cash	Cheque #									
Cheque Credit Card	Credit Card #					Expiry		CCV		
Steward/Registrar Name		KNSW Officials Licence				ficials Licence #				
Signature										
A copy of this con	npleted form m	ust be provid	ed to the Appell	ant after acce	eptance by:					
Race Meeting Stewards			or	• KNSV	V Tribunal Registrar					