



Player Placement Appeal

Participant Information:

Player Name

Date of Birth (MM/DD/YY)

Address

City, State, Zip

Parent's or Guardian's Name

Phone

Team Currently Placed On (Placement Being Appealed)

Reason/Comments for Appeal

Signature of Parent or Guardian

Date

Appeal Procedure:

1. Complete the Player Placement Appeal form above.
2. Mail the completed Player Placement Appeal form to: NYHA Board, PO Box 681, Westford, MA 01886.
3. You will be contacted by the NYHA President upon receipt of the appeal by NYHA.
4. The appeal will be reviewed by the NYHA Player Placement Committee and the NYHA President within fourteen (14) days of receipt of the appeal by NYHA. The appeal review process will consist of a minimum of two (2) on-ice viewings of your child.
5. You will be notified of the outcome of your appeal in writing within seven (7) days of the appeal review by NYHA.