



# NORTHERN ONTARIO HOCKEY ASSOCIATION

110 LAKESHORE DRIVE  
NORTH BAY, ONTARIO P1A 2A8  
PHONE: (705) 474-8851 • FAX: (705) 474-6019  
www.noha-hockey.ca



## Northern Ontario Hockey Association Appeal Application Form

This form shall be received by the NOHA office along with a letter stating your reasons and all supporting documentation for appeal and a \$200.00 plus HST (\$26.00) cheque made payable to the NOHA.

1. Name of person making application for appeal (APPELLANT):

First Name		Last Name	
Address		City & Postal Code	
Home Phone		Work Phone	
Email		Fax	
Signature			

2. Name of Organization or Person whose decision is being appealed (RESPONDENT):

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3. Pursuant to NOHA Regulation 15.18 you must indicate the following in your written appeal - Your submission is to specify the decision being appealed, or lack of decision, the grounds for appeal and the facts supporting the appeal. It is to be concise and contain all pertinent information regarding the appeal. Clearly state the desired outcome of the requested Appeal. Pertinent documents, from the original Appeal, must be attached.

For office use only:

Date Received	NOHA Staff Signature
Fee Received	Method of Payment Cash _____ Cheque# _____

**Note to Application**  
Please ensure this form is completed in full. Incomplete applications may not be processed. If you have any questions, please contact the NOHA Office.

The Northern Ontario Hockey Association is committed to respecting and protecting the privacy of our Member Partners, their Associations, individual members, their families and our employees. The personal information collected on this form and on any documents collected by the NOHA with respect to this Appeal and any related proceedings will be used for the sole purpose of administering this Appeal, any related proceedings, and the Rules, Regulations and By-Laws of the NOHA. Any such documents containing personal information will, upon request, be returned to the party submitting them when no longer needed for those purposes.

