**TRYOUT APPEAL FORM**

**Appeals should be sent to VP Competitive, Raylene Hopkins at vp.competitive@halifaxhawks.ca**

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| **Name of player** | **Name of member parent / guardian who is appealing** | **Contact details:****E-mail -** **Cell phone -**  |
|  |  |  |
| **Ice session you are appealing** |
| **Date** | **Time** | **Rink** |
|  |  |  |
| **Nature of appeal** | Please note that appeals based only on the result of the tryout session are not considered. Appeals will only be reviewed where the tryout process has not been followed.  |
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