



## World Para Swimming Appeal Form against a Protest Decision

Please complete the form with capital letters

Athlete's Family Name: \_\_\_\_\_

Athlete's First Name: \_\_\_\_\_

Event in which disqualified: \_\_\_\_\_

NPC: \_\_\_\_\_

Team Leader (Printed Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Details of Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appeal Fee Paid: ☐ yes ☐ no

Date and Time the form was received: \_\_\_\_\_

Name and Signature of TD/ATD receiving the form:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

