



APPEAL FORM

PLEASE COMPLETE:

Name of Appellant _____

Date of Race: _____

Name of Horse/case: _____

Please place a tick:

Race No: _____ (If applicable)

Owner

Trainer

Jockey

Groom

Operations Stewards

Other

I am appealing against the decision of:

Operations Stewards

First Instance Tribunal

Stewards of the Race Meeting

Handicapping Committee

The Promoter

I am applying for a **STAY OF EXECUTION** yes No

Please write/type : Grounds of the appeal

Name of Horse/Case: _____

For official Use:

Stay of Execution granted

Stay of Execution denied

Dated: _____

Signature: _____

To be signed by Appellant



Dated: _____

Signature: _____

To be signed by Appellant