

DURBANVILLE SHOOTING CLUB
APPEAL FORM

Form D

Member no _____ **Member name:** _____

Date: ____ / ____ / ____

Reason for the appeal: _____

Last offence before the appeal (name the sanction):

Signature of member:

_____ **Date:** ____ / ____ /20____ **Time:** _____

Signature of Executive Committee: (Acknowledgement of receipt)

_____ **Date:** ____ / ____ /20____ **Time:** _____

Appeal heard by:

_____ **Date:** ____ / ____ /20____ **Time:** _____

Outcome of the appeal (use minutes):

Chairman:

Name: _____

Signature: _____

Date: ____ / ____ /20____

Time: _____