NOTICE OF APPEAL

Cashier	's Check	<u>-</u>	Money Order
A. Individual	Organization Filing A	Appeal (the Appellant):	
Name:			
Address:			
Home Telep	hone No.:		
Work Teleph	one No.:		
Email addres	ss:		
B. Opp	osing Party/Organizat	tion Member Rendering De	cision (the Appellee):
Name: New	w Jersey Youth Soccer		
Address:3	Paragon Way Suite 40	00	
]	Freehold, NJ 07728		
Organization M	ember Telephone No.:	(609) 490-0725	
Organization M	ember Email Address:	Ryan Foley (ryan@njyou	thsoccer.com)
Name of Organ	ization Member Preside	ent: _ Jess Yeager (president@	njyouthsoccer.com)

C. Date of Decision* being Appealed:			
* APPELLANT: PLEASE BE SURE TO ATTACH A COPY OF THE DECISION TO THIS NOTIC OF APPEAL.			
D. Please State Briefly the Reasons Why You Are Appealing the Decision:			
E. Date Decision was received* by Appellant:			
* APPELLANT HAS FOURTEEN (14) DAYS FROM DATE OF RECEIPT OF THE DECISION WITHIN WHICH TO FILE THIS NOTICE OF APPEAL WITH THE UNITED STATES SOCCER FEDERATION, INC. NATIONAL APPEALS COMMITTEE, TO THE ATTENTION OF THE PERSON AND AT THE ADDRESS SET FORTH BELOW:			
I hereby certify that a true and correct copy of this Notice of Appeal, together with appropriate appeals fee in the amount of \$300 (in the form of a cashier's check or money order), made payable to: The United States Soccer Federation, Inc. , has been sent to:			
The United States Soccer Federation, Inc. National Appeals Committee c/o Daniel T. Flynn, Secretary General 1801 South Prairie Avenue, Chicago, IL 60616.			
I further certify that a true and correct copy of this Notice of Appeal has been sent to the Organization Member and/or the Organization Member President listed in Section B above.			
Dated: Signature of Appellant			