

European Deaf Championships Protest Form (English only)

Instructions: Fill out this form entirely. A EUR 100 fee must be submitted in cash with this protest form.

Reason of Protest:	Time of Protest:(24-hour format)	
Place of Event:	Name of Sport Discipline and Event:	
Date and Time of Event:	Name of Your Federation:	
Name of Federation's Representative:	Representative`s role:	
Has the matter been addressed with the EDSO	SD? Yes or No (This must be done immediately)	
Protester`s Signature		

FOR OFFICIAL USE ONLY			
Decision of the Protest Committee:		DECLINED	
<u>//20</u> Day/Month Time	EDSO Sport Director's Signature	-	
//20			
Day/Month Time	EDSO Representative's Signature	-	
Deposit to be:		Version 2.1	
□ Original to EDSO office □ Federation's copy □ Sport Director's copy			