

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 | | | |