

**CROSS COUNTRY APPEAL FORM**

**DIRECTIONS FOR COMPLETING THIS FORM:** Please complete all applicable blanks or circle applicable items. Present the complete form to the **REFEREE OF THE TOURNAMENT**.

DATE: \_\_\_\_\_ TOURNAMENT:                      District      Regional      State

DIVISION:                      I                      II                      III      BOYS      GIRLS

NAME OF SCHOOL \_\_\_\_\_

\_\_\_\_\_ 1) This Appeal Form is presented to appeal a rule believed to have been misapplied or misinterpreted.

\_\_\_\_\_ 2) This Appeal Form is presented to appeal the finish of one or more athletes in the race.

3) Names and Competition Numbers of all contestants involved \_\_\_\_\_

4) State all circumstances regarding the situation that is being appealed (#1 or #2 from above) Please limit this appeal to only one situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:** I certify that the information submitted above is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ School position:    Coach      Administrator

***TO BE COMPLETED BY THE REFEREE***

**TO THE REFEREE:** Explain the action taken by you in response to the above appeal including your decision and the basis for your decision. Be concise and clear writing in a readable script.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Referee: \_\_\_\_\_ OHSAA Reg# \_\_\_\_\_ Home: \_\_\_\_\_

Business: \_\_\_\_\_

Submit to OHSAA, 4080 Roselea Place, Columbus, Ohio 43214 Fax: 614.267.1677