



TURN-BACK APPEAL FORM

Official Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email _____ **SPORT:** _____

BOCES # : _____

Turn-Back Dates: _____

Reason for Turn-Backs (Utilize an Additional Memo, If Necessary)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Documentation

PLEASE SUBMIT WRITTEN DOCUMENTATION SUPPORTING YOUR APPEAL SUCH AS:

- A) A Doctor's note on letterhead including the dates of disability (From/To) – if applicable.
- B) Extraordinary circumstances with documentation including applicable dates (From/To) – if applicable

Send the required information via email to:

- OCC REP – Mike Labrys – mdogg52@aol.com

Deadlines for appeals for the 2014/2015 Sport Seasons are as follows:

- FALL DECEMBER 10TH
- WINTER APRIL 20TH
- SPRING JUNE 10TH