



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 – Charles Rothman – cprangerny@yahoo.com

Deadlines for appeals for the Sport Seasons are as follows:

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