NOTICE OF APPEAL TO THE APPEAL PANEL OF RACING NSW

(This prescribed form must be completed and lodged with the Appeal Panel within 1 day of the Appellant becoming aware of the decision appealed against) (Email appeals@racingnsw.com.au/Fax (02) 9551 7759) for inquiries Telephone (02) 9551 7500)

Pursuant to the provisions of the Thoroughbred Racing Act 1996 and the Rules of Racing of the Board, I hereby appeal to the Appeal Panel against the decision specified hereunder, and on the grounds specified hereunder:

Name of Appellant:							
							Teleph
Decisi	on App	pealed Against:					
Decisio	on of th	e Stewards to su	spend/disqualify/fine .				
<i>.</i> .				•	me of License	•	
for brea	ach of .		(Date of Decisi			ert Penalty Details)	
LR106	. (9) (a) (b) (c)	an apprentice jo	y be represented by lockey may be represer rentice jockey may be	nted by his Master;	; and	f the legal profession; ve Officer of the NSW	
Are yo	u being	represented? Ye	es/No. Give details:				
Name			Phone	Fax		Type: Legal/Master	
1. Do	you wi	sh to produce ev	idence additional to				
2. If y App wri all o	ou prop peals C ting and						
	o you require the presence for cross-examination at the Appeal hearing of all or any of the Stewards ficials who participated in the inquiry from which your penalty arose Yes/No						
4. If "`	Yes" to	question (3) plea	ase identify the Stewar	ds or Officials who	om you require	to be present.	
a jock	ey or a		of 4 weeks or less w			spect of suspensions o etermined within 9 days	
applica		e of \$200 must a				at I understand that the e complete discretion o	
Signat	ure of	Appellant		. Date	e//.		

Received by

Date/..../...../