

## PROTEST FORM

NAME AND LAST NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TEAM LEADER OF: \_\_\_\_\_ MALE OR FEMALE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### **BRIEF DESCRIPTION:**

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Team Leader Signature

Chief Official Signature

Date/time handed to Chief Official: ____/____	Fee of 75 Euros received: Yes / No
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**COMPETITION COMMITTEE DECISION:**

Chief Official Signature:

Date/time of Competition Committee Decision: ____/____	Protest fee returned if protest upheld: Yes / No
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