

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION
4080 ROSELEA PLACE, COLUMBUS, OHIO 43214

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 or Fax: 614-267-1677