Canada 55+ Games PROTEST FORM

Name of applicant: (for team events, only the captain sh		
Phone number where applicant can l	be reached:	
Name of opponent: (or team captain)		
Event:		
Date:	Time:	
Name of judge/umpire or convener:		
Explanation of protest:		
(use the back of this sheet if necessa	ary)	
Signature of applicant:		
one hour after the event is completed	n must be submitted to the Games HQ of the d. Representatives from the Protest Commit committee will be FINAL. The applicant will b	ttee will examine the
For office use only:		
Date submitted:	_ Time submitted:	
Received by:		
Decision:		

