HR FORM A

To: Registrar, Racing Appeals Tribunal
PO Box 1112, Gawler SA 5118

Phone: (08) 8285 0700
Registrar: Mr Graham Loch
Mobile: 0408 671 226
Email: RegistrarSARAT@gmail.com

NOTE: *an appeal must be lodged within 7 days of the Stewards' decision* – *form to be forwarded to saharness@saharness.org.au along with the required Appeal payment of $500*

****Applicant is to complete both parts of this Appeal Notice****

PART 1 - Appeal

Name of appellant.....

POSTAL address…….Postcode:……...

Phone: …… Mobile: …… Fax: ……

Email address:……

I HEREBY GIVE NOTICE THAT I APPEAL AGAINST:

☐ a decision of the Stewards made against me on the ……... day of .....20.....

regarding an alleged race incident in Race……at (Venue) ……on(date):…….....

(or)

☐ a decision arising from a Stewards Inquiry on (date).....……

whereby I was found guilty and convicted of a charge

of……

……under Rule(s)…….....

and a penalty imposed of:

☐ a fine of $ ……..*****and/or a***

☐ suspension ☐ disqualification of my licence to ☐ drive ☐ train for a period of

.....*meetings……..*days / .....*weeks /.....*months / ……*years

commencing at(time).....on (date)..... and expiring at (time)..... on(date).....

☐ At the Stewards' Inquiry I ☐ pleaded guilty ☐ pleaded not guilty ☐ did not enter a plea

☐ I am appealing against the conviction and severity of the penalty, OR

☐ I am appealing against the severity of the penalty only

☐ I do not apply for a stay of proceedings

☐ I apply for a stay of proceedings on the following grounds:

……
……
……
.....
.....

In lodging this Appeal and paying the lodgement fee and bond I agree to submit to the jurisdiction of the Racing Appeal Tribunal, the provisions of its Constitution and all Rules passed by the Controlling Authority and agree to be bound by, accept and comply with all directions, findings, determinations and penalties made or imposed by the Tribunal and to do all things necessary to give effect to same. I acknowledge that this Appeal is brought pursuant to the Rules of Racing applicable to my racing code by which Rules I am also bound.

Dated this ……day of ……20 ……..**SIGNED:** ……(**APPELLANT)**

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PAYMENT OF $250 NON REFUNDABLE LODGEMENT FEE AND $250 BOND MUST BE LODGED WITH THIS APPLICATION

Part 2: Disbursement of fees/bond

Please accept cash/cheque/credit/debit card in payment of the fee and bond, or charge the amount of $500.00 to my:

Mastercard ☐ **Visa** ☐

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Credit Card Expiry Date: **Month** **Year**

☐☐ / ☐☐

I acknowledge that this Notice of Appeal will not be processed until funds are cleared.

Signature of APPELLANT…….

OFFICE USE ONLY:
APPEAL NO…….
Payment received on …….…. (date)……..…….(Signature of recipient)
Tribunal decision re fee/bond:

Date of any refund to Applicant:
Amount refunded:
Method:
Paid by……..

Please note: HRSA email address is saharness@saharness.org.au