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**PLAYERS APPEAL FORM**

To: Appeals Committee  
Essendon District Football League  
First Floor, 78A Napier Street, Essendon VIC 3040

Dear Sir

I.....  
(Surname) (Christian Name)

Of.....

hereby, in accordance with the Rules and Regulations of the Essendon District Football League lodge an appeal against the refusal of the..... Football Club to grant me a Transfer to the.....Football Club.

Enclosed herewith is my Signed Transfer Application and a cheque for \$550.00 (incl gst) being deposit lodged with my appeal which I submit on the following grounds including any supporting documentation.

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I agree to be bound by the Rules and Regulations of the Essendon District Football League and will abide by the decision of the Independent Panel which shall be final and binding on all parties.

Players Signature.....Date / /

**Essendon District Football League**

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