



**Wisconsin Adult Soccer Association**

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*Affiliated with the United States Soccer Federation*

**Appeal Form**

**Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Game Date:** \_\_\_\_\_

**\$100 enclosed (money must accompany the form at time submitted)**

**Appeal Justification:** \_\_\_\_\_

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