



TURN-BACK/RATINGS APPEAL FORM

OFFICIAL INFORMATION

Full Name: _____

Address: _____

Street Address Apt #

City State Zip

Primary Phone: _____ Alternate : _____

Email: _____ Sport: _____

BOCES #: _____ Game #: _____ Level: _____

Turn-Back dates **OR**
Game date and team: _____

Reason for Turn-Backs/Ratings (utilize additional Memo if necessary)

Documentation

PLEASE SUBMIT WRITTEN DOCUMENTATION SUPPORTING YOUR APPEAL, SUCH AS:

- A. A Doctor's note on letterhead, including 'from-to' dates of disability (if applicable)
- B. Identification of extraordinary circumstances with documentation including 'from-to' dates (if applicable)

Submit this form, and the
documentation to your
respective OCC Representative,
who will forward them to
Frank Nocerino: fnoc@aol.com

Appeals must be forwarded by your organizations OCC Rep to Frank Nocerino by the following deadlines:

Fall	December 1
Winter	April 1
Spring	June 10

APPEAL MUST BE E-MAILED TO AVOID GETTING LOST !