



Fédération
Equestre
Internationale

FEI Appeal Form

FEI Appeal Form

(Please PRINT in BLOCK LETTERS using a BLACK PEN)

Details	
Event:	
Competition:	
Discipline:	
Name of Horse:	
FEI ID of Horse:	
Name of Athlete/ Athlete Nationality/ FEI ID Athlete	
Appeal	
Original Decision Appealed	
Reasons for Appeal:	
Submitted by:	
Name:	
Position:	
Signature:	
Received by:	
Name:	
Position:	
Signature:	
Mandatory Deposit (CHF 150 or equivalent) paid:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Date received:	Time received:
Supporting documents provided:	
<input type="checkbox"/> Yes:	
<input type="checkbox"/> No:	
Any other Comment(s):	