## **Arbitration**



Name :	Competitor # :		Stage # :
Date of Incident :	Time :	(am / pm)	Location :
Names of RO and CRO of Stage :			
Names of Witnesses :			
Submission Received By :		Position/T	itle :
Date :		Time of Re	eceipt : (am / pm)
Arbitration Fee Received : (signal	ature)	Amount :	
(printed name)		(signature	

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## **Arbitration**



The request was upheld or denied based on the following conditions or reasons:				
Action taken : Upheld () Denied ()	Date : Time :			
~ The Arbitration Committee ~				
(printed chairman name)	(chairman signature)			
(printed member name)	(member signature)			
(printed member name)	(member signature)			
(printed member name)	(member signature)			

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