

## Turn-back Appeal

Name: \_\_\_\_\_ Boces # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Turn-backs: \_\_\_\_\_ Sport: \_\_\_\_\_

Reason for Turn-backs:

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Please submit written documentation supporting your appeal.

A. Doctor's note on letterhead including dates of disability from \_\_\_\_\_ to \_\_\_\_\_.

OR

B. Extraordinary circumstances with documentation from \_\_\_\_\_ to \_\_\_\_\_.

Send the required information via email to Graces Chianes at [gchianes@mail.nasboces.org](mailto:gchianes@mail.nasboces.org) or Jay Gallagher at [jgallagher@mail.nasboces.org](mailto:jgallagher@mail.nasboces.org) by December 1, 2017. The OCC will email a receipt of your claim.

Fall Deadline in December 1, 2017

