



Turnback and Ratings Appeal Form

Please complete this form and e-mail directly to both:
Patrick Pizzarelli (ppizzarelli@nasboces.org) AND Frank Nocerino (franknocerino@gmail.com)

Officials Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Sport: _____ Level: _____

Email: _____ Phone: _____

Reason for Appeal

Date(s) for Turnback or Rating Appeal: _____

Reason for Turn Back:

Please submit written documentation supporting your appeal, such as:

- A. A doctors note on letterhead, including "from-to" dates of disability
- B. Identification of extraordinary circumstances with documentation including "from-to" dates

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