## **SSAA BENCHREST DISCIPLINE PROTEST FORM**

PROTEST INFORMATION (To be completed by Co	ompetitor)
Date and time of action or decision being protested:	
Reason for protest: (list Rule concerned)	
Protest submitted by:	
Name:	Competitor Number:
Signature:	
To be completed by Appeals Committee Chairm OFFICIAL BENCHREST RULE BOOK REV 10 20	
Protest received (date and time)	
Amount of Fee paid:	
Signature of Appeals Committee Official receiving p	protest:
APPEALS COMMITTEE DECISION	
Date and Time of meeting:	
The Protest was Upheld / Denied (Strike Out income	rect selection)
Reason for decision	
Signature of Appeals Committee Chairperson:	
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