## HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

## LEVEL ASSESSMENT APPEAL / RELEVELLING FORM

This form may be used to (A) appeal against an assessment or (B) request reassessment to a lower level.

This f	form is to be completed by (please tick ap	propriate box):
	(A) Rider/member to appeal an assessment (as per rule 7). Form to be submitted within 14 days of assessment.	
OR		
	(B) Level Assessor seeking approval for a reassessment to a lower level (as per rule 8).	
FORI	M SUBMITTED BY:	
Signature:		Date: / /
Print	Name:	
COM	IBINATION DETAILS ( PLEASE PRINT):	
Rider	r's Name:	Club:
Phon	ne: ( )	Email
Addre	ess:	
Horse	es Name:	
or	reassessed for purpose of review/	Membership No:
Discip	pline:	
Curre	ent Assessed Level:	Requested Level:

## APPENDIX 4

PAGE 2 Rev. July 2004

## LEVEL ASSESSOR DETAILS:

Name:	Phone No. ( )
Address:	
BRIEF OUTLINE OF REQUEST (eg. r	elevel higher/lower):
REASON FOR REQUEST:	
COMMENT BY LEVEL ASSESSOR (d	optional for appeal):

Mail completed form to HRCAV together with any relevant documentation.

Appeal – include fee of \$20 – refundable if appeal upheld.

Note: Upon receipt by the HRCAV of an appeal, a letter will be issued within 48 hours to the appellant stating the assessment as at the above date is under appeal. The appellant, if wishing to compete, should enter at their "old" assessment and show the Event Secretary the letter on the day of the Event until the appeal is resolved. Riders must bear the costs of verification assessments.

Request for Reassessment – include all relevant performance cards. No fee.