



FORM 2: NOTICE OF INTENTION TO APPEAL – RULE 18.3

To: The Clerk of Course/Secretary of the Meeting

I, _____
COMPETITOR'S NAME

of _____
RACE TEAM AND ADDRESS

being the holder of Competition Licence number _____

HEREBY GIVE NOTICE that I intend to appeal the decision of the Clerk of Course made on

_____ at _____
DATE TIME

Signed: _____ Date: _____
SIGNATURE OF APPELLANT'S