

## HANDICAPPING APPEAL FORM

P	Please read ( failure)	carefull to comple	y and complete all sections corr	ete the for ectly may inv	rm in BLO( validate the ap	CK CAPITALS peal)
	Upon con	npletion o	of this form, pleas	se email it to	disciplinary (	Dihrb.ie.
			Appellant	Details		
Forename(s):				HRI Account Number:		
Surname:				Telephone No:		
Email Address:				Mobile No:		
Horse Name:	Name:			For Office Use Only		
Date of publication	on of handicap	mark:				
Please tick which of the below you are:						
Trainer:	Owner:					
Grounds of Appeal:						
Handicap Mark Too High: Handicap Mark Too Lo			ow:	Non-allocat	on of Handicap Mark:	
Please provide a detailed description of why you disagree with the handicap mark applied/not applied to the horse named above:						
Declaration:						
By signing below	I declare that:					
1. I wish to ap outlined a	-	ndicappin	g Appeals Body a	gainst the d	ecision of the	handicapper for the reasons
2. I authorise	the deduction (	of the app	peal deposit of €3	<b>80</b> from my	Horse Racing	Ireland Account
3. I am aware Office of t		al <u>must b</u> e	e lodged within 3	working day	<b>ys</b> of the deci	sion being made to the
	•	•	•		•	seek observations on the
			olved and shall tra criting within <b>48 h</b>		observations	to the Appellant who shall be
5. I am aware that the Handicapping Appeals Body shall consider the Appeal, the Handicapper's						
Observations and the Appellant's Response(if any) but will not be required to hold any oral						
hearing before making its decision which shall be transmitted in writing to the Appellant and the Handicapper.						

Date: Signature: For rules of governing Appeals of this nature, please refer to Rules 1(ii), 19E, 28, 33, 50, 66, 67, 68, and 10I. N.B.

6. If the horse is declared to run or runs in any race before the Handicapping Appeals Body has made its decision, the horse <u>must</u>carry the weight or penalty originally allotted and the Appellant shall have no

redress as a consequence of running.