



APPEAL FORM – JOCKEY

| Date of Submission: | | |
|--|---------------------------|------|
| APPELLANT DETAILS | | |
| Name: | | |
| Contact No.: | Email: | |
| APPEAL DETAILS | | |
| Race: | Date: | |
| Horse Name(s) (if applicable): | | |
| Stewards' Decision (brief description): | | |
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| GROUNDS OF APPEAL | | |
| Please clearly state the grounds of appe | al. | |
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| APPEAL FEE | | |
| Appeal Fee: BHD 100 | | |
| ☐ I confirm that the appeal fee has bee | n fully paid and settled. | |





SUBMISSION

This completed appeal form, and any supporting documents must be submitted by email to shadi@rehc.gov.bh.

DECLARATION & DISCLAIMER

I declare that the information provided is true and accurate to the best of my knowledge. I acknowledge and agree that:

- This appeal will not be considered unless the appeal fee has been fully settled.
- Submission of this appeal does not suspend the stewards' decision unless expressly stated otherwise by the Appeal Body.
- Once issued, the Appeal Body's decision is final and binding, with no further right to appeal.
- Appeals not submitted in accordance with applicable rules, procedures, or time limits will be considered null and void.

| Name: | Signature: |
|-------|------------|
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