

OHIO SOUTH YOUTH SOCCER ASSOCIATION REQUEST FOR MEDIATION

Submitted to the OSYSA President, in care of the OSYSA office, on this _____ day of _____, _____.

A. Individual / Organization Requesting Mediation:

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone: HOME: _____ WORK: _____

B. Principal Officer or Organization With Whom Mediation is Requested:

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone: HOME: _____ WORK: _____

C. This Is a Request for Mediation following the decision of: _____

D. Date Decision Was Rendered: _____

It is understood that participation in the OSYSA Mediation process is entirely voluntary by all involved parties. To successfully conclude the mediation process, both the Appealing Party and the Responding party must agree to the proposed resolution of the appeal. If the mediation process is successful, the appeal that was filed concurrently with the request shall be dismissed. If the mediation process is unsuccessful, the original appeal, with its corresponding time limits, will be restarted.

Date

Signature of Person Requesting Mediation