

**APPLICATION FOR CONSERVATORY MEASURES – ORDINARY TRIBUNAL  
(SECTION 6.7 OF THE CODE)**

*Conservatory Measures* are requests addressed to the SDRCC in order to prevent the occurrence of irreversible consequences while waiting for the final decision to be rendered. In this form, terms capitalized and in italic carry the definition ascribed to them in Article 1 of the 2021 Canadian Sport Dispute Resolution Code (“Code”).

Please answer all questions. If you require more space for your answers, you may continue on additional sheets that you can attach to this form. Please note that an incomplete form will create additional delays.

Send completed form to [tribunal@crdsc-sdrcc.ca](mailto:tribunal@crdsc-sdrcc.ca) or by fax to 514-866-1246

**A. CASE**

1. This form represents my application in reference to the *Request* filed under case number: (Please refer back to the heading found on the SDRCC’s letter entitled “Acknowledgement of Receipt of a Request”).

SDRCC : \_\_\_\_\_

**B. IDENTIFICATION OF THE *PARTIES* TO THE *REQUEST***

2. *Claimant* (If there is more than one *Claimant*, please add the information at the end of this form.)

Name of the organization: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

3. *Respondent* (If there is more than one *Respondent*, please add the information at the end of this form.)

Name of the organization: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

4. *Intervenor or Affected Party(ies)* (if any) (If there is more than one *Intervenor or Affected Party*, please add the information at the end of this form.)

Name of the organization: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

**C. NATURE AND DESCRIPTION OF THE *CONSERVATORY MEASURES***

5. Please provide a brief description of the requested *Conservatory Measures*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What are the delays for these *Measures* to be ordered? Please provide the reasons for this delay.

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**D. PERSONS WHO MAY BE AFFECTED BY THE CONSERVATORY MEASURES**

7. Please indicate the name and contact information of any *Person* who, to the best of your knowledge, may be affected by the *Conservatory Measures* requested.

Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Reasons why this *Person* is affected:

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Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Reasons why this *Person* is affected:

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**E. IMPORTANT NOTICES AND SIGNATURE**

*Conservatory Measures* cannot be requested if a *Request* pursuant the Canadian Sport Dispute Resolution Code has not been filed with the SDRCC.

I, the undersigned, file this application under the provisions of the Canadian Sport Dispute Resolution Code;

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year