PLAYER/COACH/TEAM OFFICIAL SIT OUT VERIFICATION FORM

DO NOT LEAVE THIS FORM WITH THE REFEREE OR OPPOSING COACHES

In accordance with the FSPL Policies and Procedures any coach/manager needs to verify compliance of the offending coach/player.

INSTRUCTIONS: This form must be completed and sent to FYSA office if the person named is to receive credit for the suspension. It must be received within 72 hours of completing the suspension. Failure to comply may result in additional suspension plus additional sanction.

PLAYER/COACH/TEAM OFFICIAL INFORMATION - PLEASE PRINT INFORMATION (except Signature line)

Name: _____
First Last

_____ _____ _____ _____
Player/Coach Pass Number | Gender | Age Group | Team Name

Date of Ejection: _____

Date of Game Served: _____

Game # of Game Served: _____

Coach/Manager: _____
Printed

Coach/Manager: _____
Signature

Club: _____

Opponent Team: _____

Referee: _____
Printed

Referee: _____
Signature

SEND COMPLETED FORM TO: (e-mail preferred)
Jonathan Spradley at
jspradley@fysa.com
Fax: 863-268-8221
2828 Lake Myrtle Park Road
Auburndale, FL 33823