



Tournament Red Card Report

Ohio South Youth Soccer Assn

Tournament Name _____

Dates of Tournament _____

Cardholder's League

Cardholder's State Association

Team Name

Team Number

Coach Name

Player/Coach Name(s)

P or C

ID #(s)

DOB(s)

I certify that I have received the above player/coach(s) card. I certify that the player/coach has received a red card and must serve a minimum 1 game suspension. I understand that there could be additional penalties imposed by the tournament, my league or my state association. This minimum suspension will be served before allowing the player to participate in a match. I understand that I will be held accountable for any violations. A copy of this will be sent to both my league and state association.

Signed _____ Date _____

Print Name _____ Title _____

