

AYSA SUSPENSION FULFILLMENT FORM

Dear Referee,

Your cooperation is required in ensuring that players under suspension complete the full term of their suspension before they can resume play. AYSA thanks you in advance for your assistance.

Player: _____ ID# _____

Team: _____ Club Name: _____

The D&R Committee imposed the following sanctions for the committed offense:

Suspension _____ Game(s) Probation _____ Game(s)

The suspension began on ___/___/___ and the player must **SIT OUT/NOT PARTICIPATE** (but must be present) in his/her next _____ game(s). Please fill out the first empty box below to indicate that the above named suspended player **DID NOT PARTICIPATE**, but was present, with his/her team in the game you officiated. One game box should be filled out for every game the player sits out.

Dear Coach:

After this form is complete, i.e. the player has not participated in the total number of games of his/her suspension as attested to by the center referees below, send the form via email to staceydrinon@azyouthsoccer.org, or fax to (602) 433-9221 or mail to:

AYSA
9034 N. 23rd Avenue, Suite 10
Phoenix, AZ 85021
Fax (602) 433-9221

and your player's pass will be returned to you.

Game 1: (Circle One) League or Tournament Game Field Location: _____ Game Date: ___/___/___ Time: ___:___ Teams: _____ vs _____ Referee: Name: _____ Phone: _____ Signature: _____ Address: _____ City: _____ State: _____ ZIP _____
Game 2: (Circle One) League or Tournament Game Field Location: _____ Game Date: ___/___/___ Time: ___:___ Teams: _____ vs _____ Referee: Name: _____ Phone: _____ Signature: _____ Address: _____ City: _____ State: _____ ZIP _____
Game 3: (Circle One) League or Tournament Game Field Location: _____ Game Date: ___/___/___ Time: ___:___ Teams: _____ vs _____ Referee: Name: _____ Phone: _____ Signature: _____ Address: _____ City: _____ State: _____ ZIP _____
Game 4: (Circle One) League or Tournament Game Field Location: _____ Game Date: ___/___/___ Time: ___:___ Teams: _____ vs _____ Referee: Name: _____ Phone: _____ Signature: _____ Address: _____ City: _____ State: _____ ZIP _____
(Rev 6/5/17)