

**Match Protest**

Disciplinary Committee League or State Cup

**Please attach copies of both game rosters to your Match Protest**

**Individual/Organization Requesting the Hearing:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Club/Association and Position:Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Other Parties Involved:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Club/Association and Position:Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Date and Time of Game or Incident:** Click or tap to enter a date. Click or tap here to enter text.

**Location of Game or Incident:** Click or tap here to enter text.

**Describe the Claimed Errors:** Click or tap here to enter text.

**List Rules or Procedures You Claim were Violated, Including Rule/Procedure Numbers:**

Click or tap here to enter text.

**Please State Briefly the Desired Resolution:** Click or tap here to enter text.

I hereby certify that a true and correct copy of this request for a hearing has been sent via email to:

RCLDisciplinary@washingtonyouthsoccer.org

Or

ATTENTION: Disciplinary Committee Chair

7100 Fort Dent Way, Suite 215

Tukwila, WA 98188

On

On Click or tap to enter a date. At Click or tap here to enter text. AM/PM

I further certify that a true and correct copy of this Request for Hearing has been sent to all parties listed in the Judicial and Ethics Committee Policies and Procedures; Procedure No. 6P.

Signature: Click or tap here to enter text.