



# Request for Hearing

Disciplinary Committee League or State Cup

**Please attach a copy of game rosters to your Hearing Request**

**Individual/Organization Requesting the Hearing:**

Name:

Address:

Club/Association and Position:

Contact Phone:

Email:

**Other Parties Involved:**

Name:

Address:

Club/Association and Position:

Contact Phone:

Email:

**Date and Time of Game or Incident:**

Date:

Time:

**Location of Game or Incident:**

**Describe the Claimed Errors:**

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

**Numbers:**

**Please State Briefly the Desired Resolution:**

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

[Disciplinary@washingtoneyouthsoccer.org](mailto:Disciplinary@washingtoneyouthsoccer.org)

Or

ATTENTION: Disciplinary Committee Chair  
7100 Fort Dent Way, Suite 215  
Tukwila, WA

On

On

At

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. 3P.

Signature: