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:

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:

Revision Date: 3/12/24

List Rules of 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:

StateCupDisciplinary@washingtonyouthsoccer.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. 6P.

Signature: