

**VERIFICATION OF SUSPENSION
CYSA - DISTRICT V**

Name of Suspended Coach or Player _____

League _____ Team Name _____ Division _____ Age Group _____

Suspended for _____ games

Date of game sat-out _____ Name of Referee (Print) _____

Check One: Referee Signature _____
 Tournament Game
 League Game Tournament Official (if necessary) _____

Date of game sat-out _____ Name of Referee (Print) _____

Check One: Referee Signature _____
 Tournament Game
 League Game Tournament Official (if necessary) _____

Date of game sat-out _____ Name of Referee (Print) _____

Check One: Referee Signature _____
 Tournament Game
 League Game Tournament Official (if necessary) _____

Date of game sat-out _____ Name of Referee (Print) _____

Check One: Referee Signature _____
 Tournament Game
 League Game Tournament Official (if necessary) _____

Date of game sat-out _____ Name of Referee (Print) _____

Check One: Referee Signature _____
 Tournament Game
 League Game Tournament Official (if necessary) _____

League Official Signature _____ Date Received _____

Your player/coach/adult pass will be returned after your suspension is served and this form has been completed and returned to your league.