

Tracking Number: _____

PIMA COUNTY JUNIOR SOCCER LEAGUE 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. PCJSL 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** 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** 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 immediately to:

Shari Myoraku, 6979 E Broadway Blvd, Ste 107, Tucson, AZ 85710

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 _____