

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 PARTICPATE** in his/her next \_\_\_\_\_ game(s). Please fill out the first empty box below to indicate that the above named suspended player **DID NOT PARTICPATE** 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:

**PCJSL D & R c/o Detlef Lange, 4471 N Cerritos Drive, Tucson, AZ 85745-9557**

and your player's pass will be returned to you.

Team Administrator's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Game 1 (Circle One) League or Tournament Game	Field Location _____
Date: ____/____/____ Time: ____:____	
Teams: _____ vs. _____	
Referee Name: _____ Phone: _____ Signature: _____	
Address: _____ City: _____ State: _____ Phone: _____	
Game 2 (Circle One) League or Tournament Game	Field Location _____
Date: ____/____/____ Time: ____:____	
Teams: _____ vs. _____	
Referee Name: _____ Phone: _____ Signature: _____	
Address: _____ City: _____ State: _____ Phone: _____	
Game 3 (Circle One) League or Tournament Game	Field Location _____
Date: ____/____/____ Time: ____:____	
Teams: _____ vs. _____	
Referee Name: _____ Phone: _____ Signature: _____	
Address: _____ City: _____ State: _____ Phone: _____	
Game 4 (Circle One) League or Tournament Game	Field Location _____
Date: ____/____/____ Time: ____:____	
Teams: _____ vs. _____	
Referee Name: _____ Phone: _____ Signature: _____	
Address: _____ City: _____ State: _____ Phone: _____	