



RED CARD SEND OFF REPORT

SUBMIT THIS FORM TO BOTH COMPLIANCE OFFICER AND REFEREE CHAIRMAN
WITHIN SEVEN DAYS OF GAME DATE

Fill in all blanks on this form then

Print and fax to **519 733 4821, OR...**

Email as an attachment to both glenda.willemsma@3web.net AND tony@braithwaites.ca **OR...**

Mail by regular mail AND phone Tony Braithwaite 519 733 6797 or 519 733 5450 Or 519 567 6676

GAME INFORMATION

Age Group [_____] Game # [____ - ____] Date: [_____]

Visiting Team [_____] at Home Team [_____]

PLAYER INFORMATION

Player's Name [_____] Registration # (where known): [_____]

Jersey # [_____] Playing on Team: [_____]

REASON FOR CARD

Second Caution [] Offensive, insulting or abusive language [] Denies a goal []

Serious Foul Play [] Violent Conduct [] Spits at a person []

GAME DETAILS (interim report for Compliance Officer)

Score:

Visiting Team [_____] [____] goals - - Home Team [_____] [____] goals.

