

**VERIFICATION OF SUSPENSION
CYSA - DISTRICT V**

Name of Suspended Coach or Player _____

League _____ Team Name _____ Class _____ Age Group _____

Suspended for _____ Games

Date of game sat out _____	Name of Referee (Print) _____
Check One: _____ Tournament Game _____ League Game	Referee Signature _____ Tournament Official (if necessary) _____

Date of game sat out _____	Name of Referee (Print) _____
Check One: _____ Tournament Game _____ _____	Referee Signature _____ _____

Date of game sat out _____	Name of Referee (Print) _____
Check One: _____ Tournament Game _____ League Game	Referee Signature _____ Tournament Official (if necessary) _____

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Date of game sat out _____	Name of Referee (Print) _____
Check One: _____ Tournament Game _____ League Game	Referee Signature _____ Tournament Official (if necessary) _____

League Official Signature _____ Date Recieved _____

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