



**Match Protest**  
**Disciplinary Committee League or State Cup**

Please attach copies of both game rosters to your Match Protest

**Individual/Organization Requesting the Hearing:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Affiliation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Parties Involved:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Affiliation: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Date and Time of Game or Incident:** \_\_\_\_\_

**Location of Game or Incident:** \_\_\_\_\_

**Describe the Claimed Errors:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Rules or Procedures You Claim were Violated, Including Rule/Procedure Numbers:**

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**Please State Briefly the Desired Resolution:** \_\_\_\_\_

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I hereby certify that a true and correct copy of this request for a hearing has been sent via email to:

[RCLDisciplinary@washingtonyouthsoccer.org](mailto:RCLDisciplinary@washingtonyouthsoccer.org)

Or

ATTENTION: Disciplinary Committee Chair

7100 Fort Dent Way, Suite 215

Tukwila, WA 98188

On \_\_\_\_\_ at \_\_\_\_\_ AM/PM

I further certify that a true and correct copy of this Request for Hearing has been sent to all parties listed in the Judicial and Ethics Committee Policies and Procedures; Procedure No. 6P.