



REQUEST FOR HEARING
Disciplinary Committee League or State Cup

Please attach copies of both game rosters to your Hearing Request

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:

Please State Briefly the Desired Resolution: _____

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

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. 3P.