

**VERIFICATION OF SUSPENSION
CYSA - DISTRICT V**

Name of Suspended Coach or Player _____

League _____ Team Name _____ Division _____ 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 ____ 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 Received _____

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