



Grants Pass Youth Soccer Club

PROTEST FORM

Submit the Protest Form into the GPYSC office within 48 hours of the end of the match in accordance with the Rules and Policies. The fee of \$25 must accompany this form. No personal checks will be accepted. Please make sure the form is filled out completely.

Your Name: _____ Date: _____

Address/City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Your Position & Team: _____

Game Date: _____ Game Time: _____ Competition: _____

Age Group: _____ Division: _____

Home Team: _____ Score: _____

Away Team: _____ Score: _____

Referee: _____

Asst. Referee: _____

Asst. Referee: _____

Specific Law of the Game Violated --- cite Law & Section:

Description of Offense (use a separate paper if more space is needed): _____

Signature _____ Date: _____ Time: _____

Action of Protest Members (Head Referee and Head Coach):
