

**REQUEST FOR A HEARING
To WSYSA Disciplinary Committee**

A. Individual Requesting the Hearing

Name: _____

Address: _____

Team Id Number: _____

Contact Phone: _____

Email: _____

B. Date and Time of Game or Incident: _____

C. Location of Game or Incident: _____

D. Please Describe the Claimed Errors: _____

F. List Rules or Procedures You Claim Were Violated, Including Rule Numbers:

G. Please State Briefly the Desired Resolution:

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

Washington State Youth Soccer Association
ATTENTION: Disciplinary Committee Director
500 S. 336th Street, Suite 100
Federal Way, WA 98003

I understand that this request does not stay any disciplinary actions.

Date _____ Signature of requester _____