

**CYSA-N RED CARD
District VERIFICATION
VIII**

Playing League: DOL
(D1)

Kaercher
(D3)

Player's/Coach's Name:	USYS ID#
Age:	
Team Name:	Home League:
Date of Red Card:	Offense:
# of Games Suspended:	

Game 1	Date:	Location:
Referee Name (print)		Referee Signature:

Game 2	Date:	Location:
Referee Name (print)		Referee Signature:

Game 3	Date:	Location:
Referee Name (print)		Referee Signature:

Game 4	Date:	Location:
Referee Name (print)		Referee Signature:

Send complete form to:
Sue Gonzales
1006 Hatchcover Place
Manteca, CA, 95337
Or Fax to 209-824-2472