

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

A. Individual/Organization Requesting the Hearing

Name: _____

Address: _____

Affiliation: _____

Contact Phone: _____

Email: _____

B. Opposing Party

Name: _____

Address: _____

Affiliation: _____

Contact Phone: _____

Email: _____

C. Date and Time of Game or Incident _____

D. Location of Game or Incident: _____

E. 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

On _____ at _____ AM/PM

I further certify that a true and correct copy of this Request of a Hearing has been sent to all parties listed in Section B.

Date _____ Signature of requester _____