Clermont Central Soccer Association

Game Protest / Appeals Form

This report must be turned in to Director of Referees for CCSA.

PLEASE PRINT LEGIABLY

Date: _____ Time: _____

Date of Game: _____Field Location: _____

Home team and district: _____

Visiting team and district: _____

Home Coach: _____ Phone #: _____

Visiting Coach:_____ Phone #: _____

Division:_____ (circle one) BOYS GIRLS CO-ED

#1 Referee's name:_____ Phone #: _____

#2 Referee's name:_____ Phone #: _____

Quarter: _____ Time Left:_____In which protest was lodged.

Score at the time of protest: _____

District Rep's Signature: _____ Phone #: _____

Protest fee $50.00 refundable if upheld. Make checks payable to CCSA. Check must accompany the protest. Coaches reason for protest. (use other side or extra paper if necessary.)

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Protest Board Answer:

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