

**CYSA-N RED CARD
VERIFICATION**

Player's/Coach's Name:	USYS ID#
Age:	Home League:
Team Name:	
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 completed form to:

Sue Gonzales

1006 Hatchcover Pl.

Manteca, Ca 95337

OR fax to 209-824-2472 or scan to suecysa@aol.com