OFFICIAL PROTEST

SPORT (circle): BASKETBALL VOLLEYBALL

LEAGUE #: ____________________ Men’s Women’s DIVISION: B B+ C C+

DAY OF GAME: Mon Tue Wed Thu DATE OF GAME: _____/_____/_____

GAME TIME: 7:00 PM 8:00 PM 9:00 PM OTHER: _______________ AM / PM

GAME SITE: _______________________________________________________________

OFFICIAL’S NAME: _________________________________________________________

OFFICIAL’S NAME: _________________________________________________________

TODAY’S DATE: _____/_____/_____

NAME: ____________________________ □ Manager □ Assistant Manager

CELL #: (_______) ___________________ OTHER #: (_______)____________________ □ HM □ WK

PROTESTING TEAM: ______________________________________________________

OPPOSING TEAM: ______________________________________________________

SCORE AT TIME OF PROTEST: Visitor _________ Home _________

TIME OF GAME (AT TIME OF PROTEST): ________________ 1st half 2nd half

NUMBER OF TEAM FOULS: Visitor _________ Home _________

OFFICIAL(S) NOTIFIED OF PROTEST: □ Yes □ No

FINAL SCORE: Visitor _________ Home _________

PROTEST: □ PLAYER ELIGIBILITY □ RULE INTERPRETATION

GOVERNING RULE #: _____________________________

RULE BOOK PAGE & RULE #: ____________________________ MUNI RULE # & PAGE: ________________

GOVERNING RULE #: _____________________________ RULE BOOK PAGE #: __________________

Situation (use back if necessary):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Protester’s Signature

You may fax, mail or walk-in report.
FAX: (818) 764-5794 Valley Municipal Sports Office 6911 Laurelgrove Avenue North Hollywood, California 91605

FOR OFFICE USE ONLY

OPPONENT NOTIFIED: □ DATE NOTIFIED: _____/_____/_____ STAFF: _____________

HEARING DATE: _____/_____/______ PROTEST: □ UPHELD □ DENIED

FEE SUBMITTED: AMOUNT: __________ DATE SUBMITTED: _____/_____/_____ STAFF ______

FEE REFUNDED: AMOUNT: __________ DATE REFUNDED: _____/_____/_____ STAFF ______