

July 27, 2008

Dear CYSC Member:

The Columbus Youth Soccer Club has received communication from you regarding a Protest, which may fall under the jurisdiction of the Discipline & Protest Committee ("D&P Committee"). I am enclosing a CYSC D&P Protest Form. Please review the form closely. The form should be completed by you and the requested materials should be returned with the Protest Form.

Please keep in mind that the D&P Committee does not act as an accusatory or investigatory body. Since you are the individual making the complaint, it is incumbent upon you to precisely identify the alleged violation of the CYSC Rules and Regulations or FIFA Law(s), gather the supporting documentation, and coordinate any witnesses who support your allegations.

We look forward to receipt of the completed Protest Form and other information.

If there is any other questions please feel free to email me at dsolomon@bcbsga.com or call me at 706 257 1373

Yours truly,

David Solomon

D&P Administrator

CYSC Protest Form

Please Type

Your Name: _____ Coach: _____ Manager: _____ Today's Date: _____

Address: _____

Phone number: (home): _____ (work): _____ Cell: _____

Email address: _____ City: _____ State: _____ Zip: _____

Name of your League: _____

Team Name: _____

Team Age: U- _____ Classic: _____ Challenge: _____ Athena: _____ Juniors: _____ Rec: _____

Name of Opposing Team's League: _____ Team Name: _____

Coach's Name: _____ Phone Number: _____

Team Age: U- _____ Classic: _____ Challenge: _____ Athena: _____ Juniors: _____ Rec: _____

Game Date: _____ Game Time: _____ Game Number: _____

Game Score Your Team: _____ Opposing Team: _____

Game Location Name: _____ Field No: _____

Address (If known): _____ City: _____ State: _____ Zip: _____

What GYSA Rule(s) were broken: 1) _____ 2) _____ 3) _____

What FIFA Law(s) of the game were broken: 1) _____ 2) _____ 3) _____

Referee Name: _____ Phone Number _____

Asst. Referee Name: _____ Phone Number _____

Asst. Referee Name: _____ Phone Number _____

4th Official Name: _____ Phone Number _____

Please remember to complete page 3

PROTEST APPLICATION WITH PAYMENT MUST BE RECEIVED WITH-IN 72 HOURS OF GAME

To fax (706-561-2325) your Protest Application to us please complete the following information.

We will charge the \$25.00 fee to your card, or you may hand carry to the office with a check.

FAXED PROTEST WITHOUT CREDIT CARD BILLING INFORMATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED.

Type of card: Visa: _____ Master Card: _____ Card Number: _____

3 digit code on the back of card: _____ Zip Code _____ Expiration Date _____

Name as it appears on your card: _____ Date: _____

