FREDERICK INDOOR SPORTS CENTER

WHERE IT'S ALWAYS GAME ON!

Referee Red Card/Ejection Report

Name of Player: _____ Name of Team: _____

Date of Incident: _____ Field Incident Happened on: _____

Time of Incident: _____

Please Describe the Incident:

_____

_____

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_____

Should player sit out more than one game? ☐Yes ☐No

If yes, what is your recommended suspension? _____

Ref Submitting Red Card: _____ Phone#: _____

For office use only:

Outcome of Suspension: _____

Player Notified Y / N Captain Notified Y / N Welcome Desk Notified Y / N

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