MAIL WITHIN 24 HOURS • MAIL WITHIN 24 HOURS • MAIL WITHIN 24 HOURS

RED CARD • RED CARD • RED CARD • RED CARD • RED CARD • RED CARD • RED CARD •RED CARD • RED CARD • RED CARD

This is to certify the following sit-out

Player/Coach Name ______________________

Age/Division ______________________

Club Name ______________________

Team Name ______________________

Team Number ______________________

Date sit-out served ______________________

Game Number ______________________

Opponent Club Name ______________________

Opponent Team Number ______________________

This sit-out is in response to (circle one only):

1. Red Card Ejection of ______________ (Date) ______________ (Game #)
2. Accumulated Points ______________________
3. R&D Disciplinary ______________________

____
Sit-out team coach/manager Signature

____
Printed Sit-out team officials name

____
Opponent team coach/manager Signature

____
Printed opponent team officials name

NOTE: Do not give this card to the referee
Before mailing save a copy for sit-out team's records

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