



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 _____