

PROTEST FORM

NAME AND LAST NAME: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

TEAM LEADER OF: _____ MALE OR FEMALE: _____

DATE: _____ TIME: _____

BRIEF DESCRIPTION INCLUDING IF RELEVANT GAME NUMBER AND TEAMS INVOLVED:

Time and Date protest received: _____



DECISION OF THE COMPETITION COMMITTEE:

Time and Date of decision: _____

Competition Committee Signature: _____

