



SIT OUT FORM
SCAN / EMAIL / Text Message
within 24 HOURS OF SERVING SUSPENSION
To WAGS R&D Administrator
at the following email address:
rdadmin@wagsl.com or text 443-789-2798

If you do not have access to a scanner, you may email or text message a picture from your cellular device.

This is to certify the following Sit Out occurred

Player/Coach /Team Official Name	Age/Division
Club/Team Name	WAGS Team Number

Date Sit Out was served: _____

Game Number of Sit Out served: _____

Opponent's Club/Team Name: _____

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's Coach/Manager's (Print)	Signature
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Opponent's team Coach/Manager's (Print)	Signature
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(Optional, not required) Center Referee (Print)	Signature
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***** Please keep this form for your records until the season is completed*****