



SIT OUT FORM
MAIL, SCAN/EMAIL OR FAX WITHIN 24 HOURS OF
SERVING SUSPENSION
To the following address:

Mail	Fax	Email
WAGS R&D Director 498 Copeland Road Fallston, MD 21047	410-374-8431	<u>wagsrd@wagsl.com</u>

This is to certify the following sit out

Player/Coach Name: _____

Age/Division: _____

Club/Team Name : _____

WAGS Team Number: W _____

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

Opponent's team Coach/Manager's Print

Signature