ERRA FORM RR-001

RULES AND REGULATIONS INFRACTION

NAME OF ALLEGED VIOLATOR:_____TEAM:_____

DATE OF INFRACTION:_____ LOCATION:_____

FACTS CONCERNING INCIDENT

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_____

(attach separate sheet if necessary)

WITNESSES TO INFRACTION

NAME:_____ NAME:_____

ADDRESS:_____ ADDRESS:_____

CITY/ST:_____ CITY/STATE:_____

PHONE:_____ PHONE:_____

AGE:_____ AGE:_____

I understand that the filing of this form may result in disciplinary action being taken against the person named, which could include suspension/expulsion from ERRA, and I certify that the facts stated above are a true and accurate representation of what I observed to have occurred.

DATED:_____ _____

(Signature)

_____

(Printed Name) (Phone #)