**ERRA FORM RR-003**

# SUSPENSION

PLAYER: _____ DATE OF INCIDENT: _____
TEAM: _____ HEAD COACH: _____
NATURE OF INCIDENT: _____
WITNESSES TO INCIDENT: _____
RULES INVOLVED: _____

## SUMMARY OF FACTS OF THE INCIDENT

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

# OF GAMES SUSPENDED: _____ EFFECTIVE DATE OF SUSPENSION: _____
DATE PLAYER/PARENT NOTIFIED OF SUSPENSION: _____
PERSON PROVIDING NOTIFICATION: _____

DATED: _____

_____
(Signature)

_____
(Print Name)

_____
(Title)

cc: Player's Parent
Coach
Administrative Coach
Grievance Committee Chairman