

PLAYER/COACH SIT-OUT VERIFICATION FORM

Player's Name _____ Jersey # _____

or

Coach's Name _____

Team _____ Age Group _____ Boys _____ Girls _____

Date of Player/Coach Ejection _____ Opponent _____

If Sit-Out is for a DPS suspension, please check here

Date Of Sit-Out Game _____ Opponent _____

Coach/Manager _____ Phone _____

The above named player or coach, as identified to the referee by the coach and/or manager, did not participate in the above dated game. **The referee and Coach/Manager must sign and date this form below.**

Referee _____ Date _____

Signature _____

Coach/Manager _____ Date _____

Signature _____

This form must be completed and sent to OSA (Tulsa Office) within 72 hours of the sit-out game. Failure to comply may result in additional penalties.

**Oklahoma Soccer Association
9410-B E. 51
Tulsa, OK 74145
Fax: 918-627-2693
918-627-2663; 1-800-347-3590 (toll free)**