



Below is a Georgia Soccer - Youth Discipline & Protest (D&P) Protest Form. Please review the form closely. Both pages of the form should be completed by you and the requested materials and protest fee (\$100.00) should be returned with the Protest Form.

Rule 760.2 of the Georgia Soccer – Youth Rules and Regulations states:

760.2 All protests must be postmarked no later than 11:00 p.m. Friday of the week following the alleged incident, and accompanied by the appropriate protest fee. The protest fee is refundable if the protest is upheld.

Please keep in mind that the D&P Committee does not act as an accusatory or investigatory body. Since you are the individual making the complaint, it is incumbent upon you to precisely identify the alleged violation of the Georgia Soccer - Youth Rules and Regulations or FIFA Law(s), gather the supporting documentation, and coordinate any witnesses who support your allegations.

If you have questions please contact Kathy Layden: klayden@georgiasoccer.org, phone 678-993-2106.



Georgia Soccer - Youth Protest Form

Please Type

Your Name: _____ Coach:___ Manager:___ Today's Date: _____

Address: _____

City: _____ State:___ ZIP _____ Email address:_____

Phone numbers: Home: _____ Work: _____ Cell: _____

Name of your Affiliate: _____

Team Name: _____

Team Age: U-_____ Classic: _____ Academy: _____ Athena: _____ Rec/RILS: _____

Name of Opposing Team's Affiliate: _____ Team Name: _____

Coach's Name: _____ Phone Number: _____

Team Age: U-_____ Classic: _____ Academy _____ Athena: _____ Rec/RILS: _____

Game Date: _____ Game Time:_____ Game Number:_____

Game Score: Your Team: _____ Opposing Team: _____

Game Location Name: _____ Field No: _____

Address (If known): _____ City: _____ State: ___ ZIP:_____

What Georgia Soccer - Youth Rule(s) were broken: 1)_____ 2)_____ 3)_____

What FIFA Law(s) of the game were broken: 1)_____ 2)_____ 3)_____

Referee Name:_____ Phone Number_____

Asst. Referee Name:_____ Phone Number_____

Asst. Referee Name:_____ Phone Number_____

4th Official Name:_____ Phone Number_____

Please remember to complete page 3

**PROTEST APPLICATION, WITH PAYMENT, MUST BE RECEIVED BY 1 PM FRIDAY OF
THE WEEK : C @ C K - B; THE ALLEGED INCIDENT**

To pay by credit card, please complete the following information. The protest fee is \$100.00.

Credit Card Number: _____ Expiration Date:_____

Name on your card:_____

