Mat-Su Softball Association, Inc.

(907) 376-9050

PROTEST FORM

TEAM_____ **COACH**_____

ADDRESS_____ **PHONE**_____

TEAM PLAYED_____ **DATE**_____

TIME_____ **FIELD**_____ **UMPIRE**_____

RULE UPON WHICH PROTEST IS FILED_____

WAS THE GAME STOPPED AND THE UMPIRE AND THE OTHER TEAM NOTIFIED IMMEDIATELY THAT THE REMAINDER OF THE GAME WAS BEING PLAYED UNDER PROTEST?_____

(ATTACH CHECK PAYABLE TO MAT-SU SOFTBALL ASSN. FOR $25 AND MAIL TO ADDRESS ABOVE WITHIN 48 HOURS OF THE GAME IN QUESTION. PROTESTS BASED ON INELIGIBILITY OF A PLAYER MUST BE FILED WITHIN 48 HRS OF THE GAME IN QUESTION.)