Dynamic Youths Sports Programming, LLC
Super Development League
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COMPETITION INCIDENT REPORT

Home Team _____ vs Visiting Team_____

Date/Time of Game _____ Venue_____

Time of Incident _____ 1st Half □ 2nd Half □ Overtime □ Other □

Name of Person Submitting Report _____

Name of Other Official(s) _____

Phone Number of Person Submitting Report _____

Signature _____ Date Submitted _____

DESCRIPTION OF INCIDENT

SDL RESPONSE

NOTE: This form is to be used by Teams or Game Officials for SDL review of incidents which occur during normal course of play, or at half-time or full-time, which may or may not have been dealt with by the Game Officials, but which may need further review.

Please fax or email within two days of the incident