

Regional Policy Violation Form



Tournament Date: _____

Tournament City: _____

Facility Name: _____

Age Group/Division #: _____

Offending Team/Individual Name: _____

The following Carolina Region Policy(ies) were violated:

_____ Left tournament without fulfilling team officiating responsibilities

Comment: _____

_____ Did not show the day of the tournament (no phone or email):

Comment: _____

_____ Code of Conduct Violation/Misbehavior/Verbal Abuse:

(Complete Participant/Spectator Code of Conduct Violation Form also)

Comment: _____

_____ Other Problems and/or violations:

Comment: _____

Please include your name and contact info for further discussion and clarification.

NAME: _____

EMAIL: _____

CELL: _____

Please complete this form within 24 hours of the tournament and send to:

Carolina Region/USAV

email: office@carolinaregionvb.org

Fax: 336.766.3501