

CIYSL Team Incident Report

Sending Report to: ciysl@comcast.net
Or fax to: 217-391-4351

Contact Information:

Team:	Contact:	Phone:
Age Division: Boys/Girls:	Game Location:	Game Date:

Incident:
Incident:
Incident:
Incident:

- Team - Team Name Reporting the Incident*
- Contact - Person from reporting team who can be contacted for more information*
- Phone – Phone number of Contact name*
- Age Division – Age Division of team(s) involved*
- Boys/Girls – Gender of team(s) involved*
- Game Location – City the game took place or should have taken place*
- Game Date – Date the game took place or should have taken place*
- Incident – Description of the occurrence that needs additional attention*