



Cabot Youth Football

CYFA INCIDENT REPORT

Name of Person Completing Form _____

Phone Number _____ Date of Incident _____

(PLEASE CHECK ONE)

- Coach Player Parent Fan Referee
 Cheerleader Coach Cheerleader Cheerleader Parent
 CYFA Executive Committee Member

Name of individual infraction is on _____

Team the individual is associated with _____

Describe Incident

Penalty Enforced

Signature: _____ Date: _____

CYFA Use Only

Meeting Called	Date
Decision Made	