Notification of Non-Compliance of
USLacrosse Women's Rule #3 "The Playing Area"

(Please Print)

Name of USL Umpire Filing report: First Name: _____ Last Name: _____

Phone: _____ email:_____

Address: _____

City: _____State: _____ Zip: _____

Name of Institution/Club in non-compliance of the USLacrosse Women's Rules field markings and size:

Institution Name/Club Name_____

Address_____

City: _____State: _____Zip: _____

Date of non-compliance and notification given on field: ___/___/____

The above mentioned institution/club is in violation of the following rule(s):

Describe the situation(s):

List the names of the personnel with whom you have reported this infraction to at the institution/club:

1.

2.

_____ date ____/___/_____

signature of the person filing report

Send a copy of this report to the Athletic Office of the institution named above and the Women's Lacrosse Assignor that assigned you to the game.

Assigner will notify local umpiring chair and the USLacrosse NUC.