PROTEST FORM

This form must be filed with the LCC committee no later than 24 hours after the event in question. Form can be returned by email: lancasterchallenge@cityoflancasterca.org

Event: ____________________________  Game # (if applicable): ____________

Event Date: _________________  Event Time: _________________

Your Team/Company Name: ______________________________________________________

Team Coordinator Name: ___________________________  Phone #: _____________________

Team you are protesting against: ________________________________________________

Briefly describe what happened and what you are protesting:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Witnesses:
Name: ___________________________  Phone #: ___________________________

Name: ___________________________  Phone #: ___________________________

Briefly describe the remedy you are seeking:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature: ___________________________  Date: ___________________________

Your team coordinator will be notified of the outcome of this protest.

If we are unable to verify circumstances described above and you would like us to continue the investigation there is a $25 fee for the administrative time involved.