SHOALHAVEN DISTRICT FOOTBALL ASSOCIATION INC.

**Written Statement by Actual Participant Committing the Red Card Offence of Mistaken Identity in a match Official’S** **Send Off / Expulsion Report.**

**Unless a Team Official has indicated on the team sheet that a Participant has been mistakenly identified, your challenge will not be accepted.**

Your Details **Form 02**

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| Full Name: FFA Number: |
| Club Name: Date: |

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| Opposition Team: |

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| Grade: |

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| Date: Kick Off Time: |

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| 1. I declare that I Participated in the above Fixture. 2. I declare that I was responsible for the RED Card Offence issued against the Participant referred to below. |
| Participant’s Name: |

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| 1. I consent to being issued with a noticeof Suspension instead of the Participant referred to above. 2. I declare that the information in this statement is accurate and to the best of my knowledge. |

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| Contact Details:  Mobile Number: Email: |

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| I acknowledfe that I may be charged with Misconduct if it is established that the contents of this statement are incorrect and amount to an abuce of process.  Signed:  Date |

NOTES:

1.This notice of appeal has to be presented to SDFA within (24) hours after completion of the match

2. Participants **MUST** submit form 1 Written statement by Participant challenging the decission On The Basis of Mistaken Identity, at the same time as submitting this form.

3. If SDFA does not receive properly completed forms by the time as specified in parragragh 1 the participant issued with the suspension **Shall** serve the suspension.

4. Participants should read and consider the rule 9.10 in full Mistaken Identity prior to lodging this form to SDFA.