



BANKSTOWN DISTRICT AMATEUR FOOTBALL ASSOCIATION

NOTIFICATION OF SUSPENSION SERVED

PLAYER'S NAME _____

ID NUMBER _____ CLUB _____ TEAM _____

DATE SUSPENDED _____

LENGTH OF SUSPENSION _____

REPORT/REF No.(Reason) _____

DATES STOOD DOWN:

DATE	ROUND	VERSUS

I advise the DC that I have stood down the required rounds and that the suspension is now deemed served.

Club Officials signature: _____ Date: _____

Print Name: _____ Date: _____