



South Coast Youth Lacrosse  
5002 Paulsen Street, Unit 102  
Savannah, GA 31405

## FAN INCIDENT REPORT

Home Team \_\_\_\_\_ vs. Visiting Team \_\_\_\_\_

Game Date \_\_\_\_\_ Venue \_\_\_\_\_

Time of Incident \_\_\_\_\_ 1<sup>st</sup> Half  2<sup>nd</sup> Half  Overtime  Other

Name of Fan(s) Involved \_\_\_\_\_ Fan Team \_\_\_\_\_

Name of Staff(s) Involved \_\_\_\_\_ Staff Team \_\_\_\_\_

Name of Person Submitting Report \_\_\_\_\_

Person Submitting Report Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Print Legibly:**

### DESCRIPTION OF INCIDENT

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### LIST ALL INJURY DETAILS INCLUDING NAME(S)

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### ACTION REQUESTED

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### SOUTH COAST LEAGUE RESPONSE

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**NOTE:** This form is to be used by teams or game officials for SCYLL review of incidents which occur during normal course of play, at halftime or fulltime, which may or may not have been dealt with by the game officials, but which may need further review. **Please email to Christian Harris: [charris@lowlax.com](mailto:charris@lowlax.com)**