



Disqualification Reporting Form

Event Information	
Date	
Event Name/Location	
Tournament Organizer	
TO UDE #	

Disqualified Player	
Name	
UDE #	
Email Address	
Mailing Address	
City, State, Zip	
Phone Number	
Infraction(s)	

Head Judge Information	
Name	
UDE #	
Email Address	
Phone Number	

Please indicate which items are included with this report			
Head Judge's statement (required)	<input type="checkbox"/>	Deck registration sheet	<input type="checkbox"/>
Disqualified player's statement	<input type="checkbox"/>	Player registration sheet	<input type="checkbox"/>
Other Judge's statements	<input type="checkbox"/>	Draft deck list	<input type="checkbox"/>
Opponent/Other Player's statements	<input type="checkbox"/>	Other items (specify below)	<input type="checkbox"/>



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Head Judge's Statement

Signature:	
Date:	
Printed Name:	



Disqualification Reporting Form

Disqualified Player's Statement

Disqualified Player's Statement	
Signature:	
Date:	
Printed Name:	



Disqualification Reporting Form

Assistant Judge Statement	
Name	
UDE #	
Email Address	
Phone Number	
Statement:	
Signature:	
Date:	
Printed Name:	



Disqualification Reporting Form

Witness Statement	
Name	
UDE #	
Email Address	
Phone Number	
Statement:	
Signature:	
Date:	
Printed Name:	