USA TEAM HANDBALL DISQUALIFICATION REPORT

EVENT: _____ **Date:** _____

GAME: _____ **VS.** _____

REFEREES: _____ **&** _____

TIME OF INCIDENT: _____ **HALF: 1** _____**2** _____

#OF PLAYER: _____ **PLAYER'S NAME:** _____ **TEAM:** _____

DESCRIPTION OF THE INCIDENT:

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ACTION OF THE DISCIPLINARY COMMITTEE:

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