



MIDWEST
SOUTHEASTERN MICHIGAN

CODE OF CONDUCT REPORT

USTA/SOUTHEAST MICHIGAN DISTRICT TOURNAMENTS

PLAYER'S NAME _____ DISTRICT _____

TOURNAMENT NAME _____ DATE _____

TOURNAMENT REFEREE or TOURNAMENT DIRECTOR _____ AGE DIVISION _____

(please indicate)

POINT PENALTIES

(Description of Point Penalty System Code Violation(s): * 2 Suspension Points Levied for each Code Violation)

Date	Draw	Code Violation(s)	Points Levied*	Description of Violation(s)
	___ Sgl ___ Cons ___ Dbl	___ Point ___ Game ___ Default		
	___ Sgl ___ Cons ___ Dbl	___ Point ___ Game ___ Default		
	___ Sgl ___ Cons ___ Dbl	___ Point ___ Game ___ Default		
	___ Sgl ___ Cons ___ Dbl	___ Point ___ Game ___ Default		

SUSPENSION POINTS

Description of Other Suspension Points Levied Against Player: (see reverse for table of Suspension Points)

Date	Description of Player Misconduct	Points Levied

REFeree SIGNATURE (or authorized representative)

DATE

MAIL COPY WITHIN 48 HOURS TO:

USTA/Southeast Michigan District
17280 Farmington Rd., Livonia, MI 48152