



Black Card Information Form

Recipient Name: _____

Date: _____ Event: _____

Location: _____

Round: ____ Pool ____ DE's ____

Type: ____ Fencer ____ Non-Fencer

Penalty Duration Recommendation (by referee)

Exclusion for Competition (event)

Exclusion for Tournament (entire NAC/JO/Nationals/Regional/Division)

Note Applicable Rule(s): _____

<p><u>REFEREE REPORT:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>REFEREE CHECKLIST:</u></p> <p><input type="checkbox"/> Notified recipient that he/she has received a Black Card</p> <p><input type="checkbox"/> Noted the Black Card on the score sheet</p> <p><input type="checkbox"/> Call the Head Referee to come to strip with a Black Card Form</p>
<p><u>HEAD REFEREE REPORT:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>HEAD REFEREE CHECKLIST:</u></p> <p><input type="checkbox"/> Reviewed the case with the Referee</p> <p><input type="checkbox"/> Informed recipient of the penalty</p> <p><input type="checkbox"/> Explained implications of penalty</p> <p><input type="checkbox"/> Allowed recipient to review this form</p>
<p><u>BOUT COMMITTEE REPORT:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>BOUT COMMITTEE CHECKLIST:</u></p> <p><input type="checkbox"/> Submitted to the USA Fencing National Office on _____(date)</p>

Referee (print name)

Signature Date

Head Referee (print name)

Signature Date

Bout Committee Chair (print name)

Signature Date

Recipient (print name)

Signature Date