GEORGIA FLAG FOOTBALL LEAGUE

INCIDENT REPORT

DATE OF INCIDENT:

TODAY'S DATE:

NAME:

PARTICIPANT (S) NAME & TEAM:

STATEMENT:

IF YOU WOULD LIKE US TO REACH OUT TO AN ADDITIONAL PARTY FOR MORE INFORMATION PLEASE LIST THOSE NAMES HERE. THE LEAGUE WILL DETERMINE IF WE REQUIRE ADDITIONAL INFORMATION FROM THOSE LISTED.

SIGNATURE:

Please email this form to georgiaflagfootballleague@gmail.com