

# PROTEST FORM

(PLEASE PRINT)

Protest of: DSQ/Timing/Results

Race Date: \_\_\_\_\_



Please check the appropriate boxes

Sex	Event	First Run	Second Run
Men	Slalom		
	GS		
Women	BX/SKX		
	Halfpipe		
	Slopestyle		

Name: \_\_\_\_\_ Bib #: \_\_\_\_\_ School: \_\_\_\_\_

Protested by: \_\_\_\_\_ Witness: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Explanation of Protest: (Use back for diagram)

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Decision of Jury:  Accepted  
 Denied

Date: \_\_\_\_\_ SCCSC Race Staff: \_\_\_\_\_