



# Officials Ejection Report

SPORT: \_\_\_\_\_ Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Central Section Officials are to file a written report within 24 hours after an event when there is an ejection, a breakdown in sportsmanship or other unusual events. Please fax, email or mail to the appropriate Area Supervisor.**

**Please Print...Fill in all Lines**

Officials Association: \_\_\_\_\_ Assignor: \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Report of: Boys Girls Var. JV F/S FR (Mark all boxes that apply)

Home School: \_\_\_\_\_ Visiting School: \_\_\_\_\_

Other Officials: (Names)

\_\_\_\_\_  
-

Report Topic: Player Ejection Coach Ejection Other Ejection  
(Check appropriate type)

Name(S) of ejected persons:

- |                               |                                 |                                |                                |
|-------------------------------|---------------------------------|--------------------------------|--------------------------------|
| 1. _____ # _____ School _____ | <input type="checkbox"/> Player | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |
| 2. _____ # _____ School _____ | <input type="checkbox"/> Player | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |
| 3. _____ # _____ School _____ | <input type="checkbox"/> Player | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |
| 4. _____ # _____ School _____ | <input type="checkbox"/> Player | <input type="checkbox"/> Coach | <input type="checkbox"/> Other |
- (Check one)

Report (Brief description of incident, focus on facts, not personal characterization.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Reporting Official: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_