

EJECTION / INCIDENT REPORT

Name of Sport: _____ Date of Game: _____

Your Name: _____ Home # _____ Pager # _____
 Work # _____ Cell # _____
 Partners Name: _____ Home # _____ Pager # _____
 Work # _____ Cell # _____

Level of Game (circle one only) Varsity B G JV B G Frosh B G Soph B G

Home Team: _____ Visiting Team: _____
 Position you were working at the time of the Ejection?? _____

Score at the time of the ejection?? Home: _____ Visitors: _____
 Final Score?? Home: _____ Visitors: _____
 When did the ejection take place?? _____

Name of person who was ejected: _____
 School this person was from: _____

Name of person who was ejected: _____
 School this person was from: _____

Was this the (circle one): Head Coach Assistant Coach Player Parent Other
 Was this person warned prior to the ejection?? Yes No

What Led To The Ejection

Book Rule CIF-SS Rule Judgement
 (please circle any that apply to this incident)

Language:	Profanity	Abusive	Personal	Heckling	
Physical Contact:	Bumping	Pushing	Kicking	Striking	Fighting
Action was against:	Referee	Umpire	Opponent	Spectator	Teammate

Describe The Ejection (include players numbers)

Was the Athletic Director present when this happened?? Yes No A.D. Name: _____
 If the AD was not there who did you notify?? Name: _____

This report must be submitted for ANYONE being ejected from a contest. It must be Submitted Immediately.

Copy Faxed To:	Bill Clark	Ed Baker
	CIF-SS Administrator	CIF-SS Liaison (San Fernando Valley)
	Fax # 562 493-6266	Fax # 818 705-6457 Home # (same)