Policy Code No. 700.20

NISOA – NSCAA

REFEREE'S SUPPLEMENTAL REPORT FORM FOR MATCH EJECTIONS

This report is to be submitted within 24 houors of the incident.

Please submit a separate report for each person ejected from the game.

IMPORTANT: Please supply ALL requested information

Game Date: :	Scheduled Start Tim	ne: : Actu	val Start Time: :	
Home Team:	Visi	ting Team:	Game Site:	
Scoring: (HOMETEAM	A): 1 st Half: _ 2 nd Ha	lf: _ OT: _ Ext.:	_ FINAL: _	
(VISITO	R): 1 st Half: _ 2 nd Ha	lf: _ OT: _ Ext.:	FINAL: _	
Time of Ejection (time	ne into match):	Official Scorekeeper N	otified: YES NO	
Name of Ejected Pe	rson:	Team:		
(Role) 🗌 Player	☐ Coach	Ass't Coach Tra	iner	
(Gender) 🗌 Male Pla	yer	☐ Male Coach ☐	Female Coach	
Divisional NC Affiliation: NJC		NCAA III	□ NAIA II	
Name of Head Coach: Match Type: Men Women				
Institutional Address of Offending Party:				
	(Street)	(City) (State)(Zip)	
CAUSE FOR EJECTION:	(Check related cause)			
1. VIOLENT CONDUCT or SERIOUS FOUL PLAY Serious foul play (SFP)				
REFEREE: AR - 1: AR - 2: Alternate: Phone number of indiv Submit this report w Email: US Mail:	CHAP CHAP CHAP idual filing report:	TER: TER: TER: TER: Phone:	STATE: STATE: STATE: STATE:	
	Lookout Mountain, GA 307	′50	•	

Phone 706-820-1560 Ext. 1513