

NISOA - NSCAA REFEREE'S SUPPLEMENTAL REPORT FORM FOR MATCH EJECTIONS

This report is to be submitted within 24 hours 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 Time: : _____ Actual Start Time: : _____
Home Team: _____ Visiting Team: _____ Game Site: _____
Scoring: (HOME TEAM): 1st Half: _ 2nd Half: _ OT: _ Ext.: _____ FINAL: _
(VISITOR): 1st Half: _ 2nd Half: _ OT: _ Ext.: _____ FINAL: _

Time of Ejection (time into match): _____ Official Scorekeeper Notified: YES NO

Name of Ejected Person: _____ Team: _____

(Role) Player Coach Ass't Coach Trainer Other _____

(Gender) Male Player Female Player Male Coach Female Coach

Divisional NCAA I NCAA II NCAA III NAIA I NAIA II

Affiliation: NJCAA NCCAA I NCCAA II Other: _____

Name of Head Coach: _____ Match Type: Men Women

Institutional Address of Offending Party: _____
(Street) (City) (State) (Zip)

CAUSE FOR EJECTION: (Check related cause)

- | | | |
|---|---|---|
| <p>1. VIOLENT CONDUCT or SERIOUS FOUL PLAY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious foul play (SFP) <input type="checkbox"/> Violent Conduct (VC) <input type="checkbox"/> Fighting (FI) <input type="checkbox"/> Spitting (SP) <input type="checkbox"/> Tackle from behind (TB) <input type="checkbox"/> Hand ball (unsporting) (HBU) <input type="checkbox"/> Hand ball (denied goal) (HBDG) <input type="checkbox"/> Tripping (denied goal) (TRP) | <p>2. FOUL or ABUSIVE LANGUAGE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Swearing (SW) <input type="checkbox"/> Crude Language (CL) <input type="checkbox"/> Dissent (DS) <input type="checkbox"/> Abusive to official (OF) <input type="checkbox"/> Abusive to opponent (OP) <input type="checkbox"/> General, non-directed (GE) <input type="checkbox"/> Incidental (IN) <input type="checkbox"/> Other (describe below) (OT) | <p>3. PERSISTENT MISCONDUCT
(2nd CAUTION)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct related (CR) <input type="checkbox"/> Language related (LR) <input type="checkbox"/> Combination (CMB) <input type="checkbox"/> Persistent Dissent (PD) <input type="checkbox"/> Other (OT) |
|---|---|---|

BRIEF DESCRIPTION OF INCIDENT: (Use back or additional page if additional space is required)

REFEREE: _____ CHAPTER: _____ STATE: _____
AR - 1: _____ CHAPTER: _____ STATE: _____
AR - 2: _____ CHAPTER: _____ STATE: _____
Alternate: _____ CHAPTER: _____ STATE: _____

Phone number of individual filing report: -

Submit this report within **24 hours**

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