

**CVOA OFFICIAL'S GAME REPORT FORM
FOR RED CARDS & EJECTIONS**

GAME DATE DATE OF REPORT

GAME SITE
HOME SCHOOL
COACHES
VISITING SCHOOL
COACHES

CONDUCT FOUL PLAYER COACH BENCH CROWD

EJECTION PLAYER COACH SPECTATOR

EXPLAIN IN DETAIL THE OCCURANCE OF EVENTS. Include as many details, names and numbers of players as possible, the score of the game and type of misconduct. (disconcerting acts or words, attempting to influence official's decision, disrespect towards official, questioning judgment, baiting, taunting, electronic equipment or visual aids.....)

Name of person receiving foul

Player's # and uniform color

School Name

OFFICIATING TEAM INFORMATION

REFEREE HOME PH WORK PH

UMPIRE HOME PH WORK PH

OTHER PERTINENT OFFICIATING CREW TO INCLUDE LINES PERSON, SCORER, TIMER (include name, number and school)

OFFICIAL FILLING OUT FORM Current Date

SIGNATURE

SEND COPIES OF THIS FORM TO: CVOA PRESIDENT, CVOA AREA DIRECTOR, SCHOOL OR GAME SITE, CHSAA LIAISON, BETHANY BROOKENS, 14855 E. SECOND AVENUE, AURORA, CO 80011, FAX (303) 344-0775, OR SIMPLY CLICK ON SUBMIT BY EMAIL TO GO DIRECTLY TO THE CHSAA OFFICE.