

GAME INFORMATIONDate Level Home Team Visiting Team Coach/Player *First Name* *Last Name* School Jersey Number

NOTE: In case of ejection, please refer to instructions and guidelines as outlined by CHSAA and listed on the back page of the membership directory booklet. In case of ejection, the official must submit this form to CHSAA by 8:00 a.m. the following morning.

Specific Reasons and details for ejection:

Specific events preceding ejection:

REPORTING UMPIRE

Name:
Home Phone:
Work Phone:

PARTNER/NON-CALLING UMPIRE

Name:
Home Phone:
Work Phone:

USE A SEPARATE FORM FOR EACH INDIVIDUAL COACH OR PLAYER. FILL IN ALL RELEVANT INFORMATION AND RETURN TO THE CHSAA OFFICE WITHIN 24 HOURS OF THE GAME.

FAX to 303-367-4101, E-MAIL Audra Cathy, Administrative Assistant, acathy@chsaa.org, or mail to:

CHSAA
Bud Ozzello, Assistant Commissioner
14855 East Second Ave.
Aurora 80011-8900

AREA DIRECTOR _____