



ROPSSAA EJECTION FORM*

DATE: _____

Fax to: 905.890.0771

Coach: _____ E-Mail: _____

School: _____ Dpt Ext: _____ V.M. Ext: _____

Sport: _____

Level: Bantam Junior Senior **Gender:** Boys Girls
(Circle One) **(Circle One)**

The following player or coach

Name: _____

Incident Date: _____ Infraction Time (in Game Time): _____

Incident Details: (include officials report as written on the game sheet)

Coach Signature _____ Principal Signature _____

*** coaches must report their own player and/or coach ejections by 9:00am the morning following the game (applies to baseball, basketball, cricket, fastpitch, field hockey, flagfootball, football, girls lacrosse, rugby, slopitch, volleyball. note: for hockey ejections the hockey ejection form to be used; for boys lacrosse the appendix in the playing regulations to be used, for soccer the card report form to be used)**

Office Use:

Name: _____ Suspension _____
