



**SOUTHERN WESTCHESTER BOCES  
CENTER FOR INTERSCHOLASTIC ATHLETICS**

**Section One  
450 Mamaroneck Ave.  
Harrison, NY 10528**

**Phone: (914) 592-1926  
Fax: (914) 592-2940**

**Ejection Report**

Date \_\_\_\_\_

Sport \_\_\_\_\_

Level \_\_\_\_\_

Home School \_\_\_\_\_

Visitor \_\_\_\_\_

Officials \_\_\_\_\_  
\_\_\_\_\_

**Athlete(s) Ejected**

School \_\_\_\_\_

Name/number \_\_\_\_\_  
\_\_\_\_\_

School \_\_\_\_\_

Name/number \_\_\_\_\_  
\_\_\_\_\_

**Coach ejected**

School \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_

**Reason for ejection:**

1. Fighting \_\_\_\_\_
2. Verbal Abuse \_\_\_\_\_
3. Retaliation \_\_\_\_\_
4. Other \_\_\_\_\_

Additional Details (use the back of the form if necessary):

*Was the reason for the ejection "unsportsmanlike conduct"?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AD Response: \_\_\_\_\_ Suspension \_\_\_\_\_ No Suspension