



**SOUTHERN WESTCHESTER BOCES**  
**CENTER FOR INTERSCHOLASTIC ATHLETICS**  
**Section One**  
**2 Westchester Plaza**  
**Elmsford, NY 10523**

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 Suspensio