



HARFORD COUNTY PUBLIC SCHOOLS
Office of Physical Education, Health Education and Athletics

ATHLETIC EJECTION REPORT COACH / PLAYER

This form must be completed and sent to the Supervisor of High School Interscholastic Athletics on the day of or the day following the contest in which ejection(s) occur. **A phone call MUST** be made to the Supervisor on the day/night of the contest or the day following the contest.

Date of Contest _____ Event Start Time _____ Sport _____

Opponents: _____ vs _____

Time of incident _____ Score at time of incident _____

PLAYER EJECTION:

Name of player _____ School _____ Uniform # _____

Name of player _____ School _____ Uniform # _____

Name of player _____ School _____ Uniform # _____

Name of player _____ School _____ Uniform # _____

COACH EJECTION:

Name of Coach _____ School _____ Position _____

Name of Coach _____ School _____ Position _____