

New Jersey State Interscholastic Athletic Association

1161 Route 130 North, P.O. Box 487

Robbinsville, New Jersey 08691

Disqualification Form/Termination of Game

*Please Print or Type
All information must be supplied.*

RE: NJSIAA Rules & Regulations, Rule 2
Specific Sport Regulations, Note 4

Sport _____ Level: _____ Frosh _____ Date of Event _____
_____ Men's _____ Women's _____ JV _____ Ejection _____
_____ Varsity _____ Termination _____

Home School _____ Opponent _____

Conference _____

Official(s) Assigned (please print)

Phone Numbers

Official(s) Assigned (please print)	Home	Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Player/Coach Disqualified _____
(name and number)

School _____

Reason for Ejection: Unsportsmanlike flagrant misconduct - Physical ()
Reason for Termination: Verbal ()
Description: (Use reverse side if necessary)

Signature of Official Who Declared Disqualification/Termination _____

Date Filed _____

This form must be used for all sports.
Referee/Umpire/Official **must** file this report within **three (3) days** of disqualification/termination to:

1. Offending School Principal(s)
2. Chapter Secretary
3. NJSIAA - P.O. Box 487 Robbinsville, NJ 08691

REMINDER: The school athletic director must be notified by the official in person or by phone no later than noon of the day following the disqualification.

THIS FORM MAY BE FAXED TO THE NJSIAA @ 609-259-3047

7/02

IF FAXED PLEASE DO NOT FOLLOW UP WITH HARD COPY