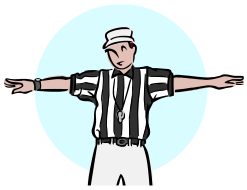

CIF-LOS ANGELES CITY SECTION
Los Angeles Unified School District

EJECTION REPORT

Name of sport _____ **Date of contest**_____

Level of sport Var. J.V. F/S Boys ( ) Girls ( )

Home School_____ **Visiting School**_____

Score at time of ejection: **Home**_____ **When did ejection take place:**
Visitor_____ **Inning**_____ **Quarter**____ **Game**_____
Half_____ **Time**_____

Final Score: **Home**_____

Was game delayed?
Visitor_____ **Yes ( )** **No ( )** **How long?**_____

Name of Game Supervisor_____ **Was Supervisor present at time of ejection?**
Yes ( ) **No ( )**

Name of player/coach ejected_____ **Number**____
If coach was ejected **Head ( )** **Assistant ( )**

Name of school_____ **Position**_____

Reason for the ejection (Circle where applicable)

Ruling:	**Book**		**CIF-City Rule**		**Judgment**		
Language:	**Profanity**	**Abusive**	**Personal**	**Taunting**			
Physical Contact:	**Bumping**	**Pushing**	**Kicking**	**Striking**	**Sliding**	**Fighting**	
Action was against:	**Official**	**Opponent**	**Spectator**	**Teammate**			

Briefly describe incident that led to ejection: **(Use back if necessary)**

_____

_____

_____

Had the ejected person been warned before ? **Yes ( )** **No ( )**

_____	_____	_____	_____
(Print your name)	**(Assignment)**	**(Home Phone)**	**(Work Phone)**
_____	_____	_____	_____
(Print Partners name)	**(Assignment)**	**(Home Phone)**	**(Work Phone)**

This report should be submitted no later than 24 hours after the ejection occurred. Please fax it to the LAUSD Athletics Office Attention; trent (213) 241-5846 as well as to your assignor/instructional chairperson. *Rev/2008*