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: _____
__ JV Ejection: _____
_Men's ____ Women's ___ Varsity Termination: _____

Home School: _____ Opponent:_____

Conference:_____

Official(s) Assigned (please print) **Phone Numbers**

_____ Home: Work: _____
_____ Home: Work: _____
_____ Home Work: _____
_____ Home Work: _____

Player/Coach Disqualified: _____
(name and number)

School: _____

Reason for Ejection: Unsportsmanlike flagrant misconduct Physical ( )
Reason for Termination: Verbal ( )
Description: (use reverse 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 7/01
IF FAXED PLEASE DO NOT FOLLOW UP WITH HARD COPY