

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

_____	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
IF FAXED PLEASE DO NOT FOLLOW UP WITH HARD COPY

7/01