



MUNICIPAL SPORTS PROBLEM / EJECTION REPORT



SPORT (circle): BASKETBALL VOLLEYBALL

DAY OF GAME: Mon Tue Wed Thu **DATE OF GAME:** ____/____/____

GAME TIME: 7:00 PM 8:00 PM 9:00 PM **OTHER:** _____ AM / PM

LEAGUE #: _____ **Men's** **Women's** **DIVISION:** B B+ C C+

REGION: Griffith- Metro Pacific Valley **GAME SITE:** _____

VISITING TEAM: _____ **HOME TEAM:** _____

OFFICIAL'S NAME: _____

PARTNER'S NAME: _____

SCOREKEEPER'S NAME: _____

SCORE AT TIME OF (PROTEST, PROBLEM, EJECTION): Visitor _____ Home _____

TIME OF GAME (AT POINT OF INCIDENT): _____ 1st half 2nd half

NUMBER OF TEAM FOULS: Visitor _____ Home _____

NAME(S) OF PERSON(S) INVOLVED: _____ # _____ Color _____ Team: _____ Ejected

_____ # _____ Color _____ Team: _____ Ejected

_____ # _____ Color _____ Team: _____ Ejected

HOW LONG WAS GAME DELAYED?: _____

WHAT LED TO THE PROBLEM/EJECTION? (circle when applicable)

RULING: Judgment Book Rule _____

LANGUAGE: Profanity Abusive Racial Heckling Taunting _____

PHYSICAL CONDUCT: Bumping Pushing Striking Fighting Elbows _____

ACTION WAS AGAINST: Official Scorekeeper Opponent Spectator Teammate _____

HAD THE EJECTED PERSON(S) BEEN WARNED? Yes No

Briefly describe problem/ejection. Use back if necessary. Ejected person(s) must leave immediate area.

Preparer's Signature: _____ **Date:** _____

✓ **Officials must send this report to the office BEFORE 9:00 AM the next business day by FAX at: (818) 764-5794, and call the office at (818)756-8073 to confirm receipt of report.**