Notice to game officials: MPSSAA Office requires that all ejections or any serious incidents during the contest with or without an ejection during a District, Regional, or State Tournament contest be explained in writing immediately following the contest. Upon completing this form, fax or email to: Donnee L. Gray (Coordinator of Officials) at: Donnee.gray@maryland.gov or Andy Warner (Executive Director) at Robert.warner1@maryland.gov. The MPSSAA office fax number is (410) 333-3111. If there is an MPSSAA office staff person on site you may give the form to them. If you would like to confirm receipt of the fax or email please call (410) 767-0555. If a County Athletic Administrator, a School Athletic Director, and/or a School Principal request a copy of this form; be prepared to fax them as well.

See below information to be completed:

1) Sport: ___________________________ Contest Date: ________/________/___________
2) Contest - Check one: Boys: _________ or Girls: ___________
3) Game Time: ____________ am___ or pm___
4) Ejection (Check one): None: __________ or Violent: ____________ or Non Violent: ___________
5) Multiple individuals involved (check one): Yes______ or No______
6) Coach __________, Coach __________, Coach __________, Player No.: __________,
7) Player No.: ________, Player No.: _________, Player No.: _________, Home Team: ______________________ -vs- Visiting Team: ______________________
8) The Rule(s), section and page(s) applied to the incident(s): Rule: ________________ page: ___________, Rule: ______________ page: ___________

DESCRIPTION OF CIRCUMSTANCES FOR EJECTION: (PRINT OR WRITE LEGIBLY)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

(Continue on the other side if more explanation space is needed)

Date: ________________ Association(s) Name: _______________________________ // _______________________________ // _______________________________

Official’s Name “Completing form” (PRINT): __________________________________________ Official’s Signature: __________________________________

Best Contact Number: (_______)__________________ Print Partner(s): 1) ___________________________________ 2) ____________________________________