

# 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Player/Coach Disqualified \_\_\_\_\_  
(name and number)

School \_\_\_\_\_

Reason for Ejection: \_\_\_\_\_ - Physical ( )  
Reason for Termination: \_\_\_\_\_ Verbal ( )  
Description: (Use reverse side 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**

11/99

**IF FAXED PLEASE DO NOT FOLLOW UP WITH HARD COPY**