

**EJECTION INCIDENT REPORT**  
TVYFL 2009

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ASSOCIATION

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
HOME TEAM

\_\_\_\_\_  
VISITING TEAM

\_\_\_\_\_  
PERSON EJECTED

\_\_\_\_\_  
GAME SITE

\_\_\_\_\_  
GAME DATE

\_\_\_\_\_  
APPROX TIME

DESCRIBE INCIDENT: \_\_\_\_\_  
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FORM TO BE SUBMITTED TO ASSOCIATION PRESIDENT BY MONDAY FOLLOWING THE GAME.