

SECTION II DISQUALIFICATION REPORT

CHECK: **Player DQ** **Coach DQ** **Physical Contact**

School: _____

Director of Athletics: _____

School Telephone: _____ Date: _____

Summary of Incident:

Sport: _____

Date of Contest: _____

Type of Contest and Level: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Boys | <input type="checkbox"/> Varsity |
| <input type="checkbox"/> Girls | <input type="checkbox"/> Junior Varsity |
| <input type="checkbox"/> Tournament | <input type="checkbox"/> Freshman |
| <input type="checkbox"/> Sectional Contest | <input type="checkbox"/> Modified |
| <input type="checkbox"/> Regional Contest | <input type="checkbox"/> Eighth Grade |
| <input type="checkbox"/> State Contest | <input type="checkbox"/> Seventh Grade |

Opponent: _____ Site: _____

Opposing Coach: _____ Phone: _____

Player(s) Disqualified: _____

Coach(es) Disqualified: _____

Contest Officials (and telephone numbers): _____

Brief Description of Incident: _____

Signed: _____

Title: _____

**REPORT MUST BE COMPLETED FOR ALL DISQUALIFICATIONS AND SENT TO SPORTSMANSHIP COMMITTEE
CHAIPERSON. (Nick Fitzgerald, So. Glens Falls CS, 42 Merritt Rd., South Glens Falls, NY 12803)**