PLAYER EJECTION REPORT

(as posted on our website)

PLAYER NAME:_____ DATE:_____

LOCATION OF GAME:_____ TIME OF GAME:_____

GRADE :_____ CHAPTER:_____

TEAM NAME:_____

Please give a detailed explanation of event(s) that caused the player to be ejected.

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Send this report to NJB Headquarters within 24 hours of the ejection.

FAX: (714) 765-6576

EMAIL: *ref@njbl.org*

REFEREE'S SIGNATURE: _____ DATE:_____

PHONE: _____ EMAIL:_____