54 Essex Street, Cambridge, MA 02139 PHONE: (617) 284-7927 FAX: (617) 284-7940

SUSPENSION NOTIFICATION FORM

To be completed and signed by the game officials at the conclusion of the game. Please present this completed form to the Athletic Director/Designee managing the event. All information should be printed unless otherwise stated.

GAME OFFICIAL(S)

_____

Name Address Phone

_____

Name Address Phone

SUSPENDED PLAYER/COACH: _____

DATE OF INCIDENT: _____

CONTEST BETWEEN: _____ **vs.** _____

Home School Visiting School

INCIDENT DESCRIPTION: Use reverse side of sheet ---Be specific as possible.

ATHLETIC DIRECTOR/DESIGNEE IN CHARGE OF EVENT

_____ _____ _____

Name Signature Date

GAME OFFICIAL(S): _____ _____

Signature Date

_____ _____

Signature Date

**** ATTENTION ATHLETIC DIRECTOR/DESIGNEE:** You are responsible for having this form readily available for all game officials to complete at the conclusion of a game. Copies of this form must be forwarded to the school principals/school coordinator and athletic director/designee of each school and the league office within two (2) days from the date of the incident. Please remember to FAX both sides of the sheet if both sides were used.