

# Community Youth Football League

## COACH / PLAYER EJECTION REPORT

(This form must be submitted to the CYFL President with 24 hours of the incident)

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

\_\_\_\_\_ vs. \_\_\_\_\_  
(Team Name) (Team Name)

**EJECTED INDIVIDUAL'S NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_

**RELATION TO TEAM:** \_\_\_\_\_  
(Coach / Player / Spectator)

**HEAD COACH'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OFFICIAL'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Brief Description of Ejection:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIELD MANAGER'S NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_