

# NALB EJECTION REPORT

Please complete the following report in full detail. All reports must be submitting within a 12-hour period of the ejection. If you need assistance, please contact your Umpire Area Representative

Name of umpire submitting report: \_\_\_\_\_

Umpire email address: \_\_\_\_\_

Umpire phone number: \_\_\_\_\_

Date of ejection: \_\_\_\_\_ Location of ejection: \_\_\_\_\_

Teams involved: \_\_\_\_\_ vs \_\_\_\_\_

Level of play:            15U            17U            19U

(circle one)

Regular season game:        YES            NO

Area Tournament:            YES            NO

State Tournament:          YES            NO

(circle one)

Name of Ejected individual(s): \_\_\_\_\_

   COACH            or            PLAYER            (circle one)

Team Name: \_\_\_\_\_

Was a warning given:        YES            NO            (circle one)

Provide compete and a detailed description of the events leading up to and including the ejection: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use a second page if necessary to continue your detailed description.

Did the ejected individual leave the field in a timely manner: YES            NO            (circle one)