FORM 4

ANNE ARUNDEL COUNTY COACHES/OFFICIALS REPORT FORM

This report <u>shall</u> be submitted if there are occurrences that are detrimental to the conduct of any athletic contest.

	orm must be submitted by the ions occur:	e <u>offic</u>	<u>ial</u> and/or <u>c</u>	<u>coach</u> if any of	the following
	Ejection of player Ejection of coach Termination of contest General Concern		Verbal or	game miscond physical abus act of game of	_
Report for			contest between		
-1	(Sport)				(Home School)
and			on _		
	(Visiting School)				(Date)
	nation or Comment:				
(Da	Date) (School		or Group)		(Phone Number)
(Printed name - Coach or Official))	(Signature of Coach or Official)	
		(,	Address)		

This form shall be filled out with copies sent to the Athletic Director of each school involved in the contest, and the Coordinator of Athletics. Fax # 410-222-5562