WVSSAC EJECTION REVIEW FORM

The review begins with submitting the form within 24 hours of the ejection date. Submit the form by email to the Executive Director and Assistant Executive Director of the sport.

Date: _____ **School Name**:_____

Sport: _____ **Principal's Name**: _____

Ejection Date: _____

Name of Individual Ejected: _____ Player ☐ Coach ☐

If a student-athlete, provide the athlete's uniform number: _____

I believe this request for review of an ejection merits consideration.

Principal Signature: _____

Rationale for Review:

Rule Misapplied: Rule Number: _____ Section: _____ Article: _____

Video evidence should be provided, if available, to support your review request.

WVSSAC Office Use Only

Ejection and Suspension Confirmed: _____

Suspension Overturned: _____

Comments: _____

Date: _____ **Director Signature:** _____