CAPITAL VALLEY CONFERENCE EJECTION APPEAL

DATE OF GAME_____DATE APPEAL FILED_____

MUST BE FILED WITHIN 2 WORKING DATES OF CONTEST, COPIES TO: Commissioner, League President, Ethics Chair and Opposing Principal

SPORT_____

Home Team	Visiting Team
Official making ejection	
Name & number of player ejected	
Name of coach ejected	

DESCRIPTION OF EVENTS CAUSING EJECTION (Use back if you need more space)

NOTE: To be considered protests must be signed by the principal

Principal _____

School _____