



TEXAS CHRISTIAN ATHLETIC LEAGUE

Incident Reporting Form and Statement (Rev. 8/2011)

In the event an incident takes place according to the by-laws of T★CAL Article IX, Section 9.05, the following incident report must be filled out and presented to the Athletic Director, Regional Chair, District Chair, Sports Commissioner, and copied to the State Office.

PLEASE FILL OUT FORM COMPLETELY

Your position (Circle One) Referee/Umpire Coach Administrator Staff

Other (Please explain)

Type of Incident (circle all that apply)

Coach Ejection Fan Ejection Player Ejection Physical Contact by a Non-Player

Other

Game Site (Location)

Date

Visiting Team

_Home Team

Visiting Coach

Home Coach

Visiting Coach Phone

Home Coach Phone

Other Method of Contact

Other Method of Contact

How/when do we contact you?

Level of Game

District Regional

State

Other

Gender

Boys

Girls

Your comment on the situation: (PLEASE SPECIFY IF ACTUAL FIGHTING OCCURED) attach a separate sheet of paper or multiple forms as indicated below, if necessary.