



SPECIAL INCIDENT REPORT

ONTARIO LACROSSE ASSOCIATION
3 Concorde Gate #306
North York, ON
M3C 3N7

PENALTY ASSESSED TO		

FULL NAME	NUMBER	TEAM NAME
LEAGUE <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 4 <input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Zone 7 <input type="checkbox"/> Zone 8 <input type="checkbox"/> Zone 9 <input type="checkbox"/> Zone 10 <input type="checkbox"/> Junior/Senior		
LEVEL OF PLAY <input type="checkbox"/> TYKE <input type="checkbox"/> NOV <input type="checkbox"/> PW <input type="checkbox"/> BAN <input type="checkbox"/> MID <input type="checkbox"/> INT <input type="checkbox"/> JrC <input type="checkbox"/> JrB <input type="checkbox"/> JrA <input type="checkbox"/> SrB <input type="checkbox"/> MSL <input type="checkbox"/> OSWBLL		
CATEGORY <input type="checkbox"/> Houseleague <input type="checkbox"/> Competitive/Rep <input type="checkbox"/> N/A		
GAME TYPE <input type="checkbox"/> Exhibition <input type="checkbox"/> Regular Season/Zone Game <input type="checkbox"/> Playoff <input type="checkbox"/> Tournament		

DATE OF GAME (YY/MM/DD)		SCHEDULED GAME TIME	
ARENA NAME		LOCATION	
HOME TEAM		VISITING TEAM	
GAME TIME OF INCIDENT		PERIOD	
HOME SCORE AT TIME OF INCIDENT		VISITING SCORE AT TIME OF INCIDENT	

PENALTY ASSESSED BY	OTHER REFEREE
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DESCRIBE IN DETAIL, INCLUDING THE EVENTS LEADING UP TO IT, THE INCIDENT AS IT OCCURRED.

OUTLINE THE POSITIONING OF RELEVANT PLAYERS AND THE REFEREES AT THE TIME OF THE INFRACTION.

	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">HOME TEAM</th> <th style="width: 25%;">VISITING TEAM</th> <th style="width: 50%;">REFEREES</th> </tr> </thead> <tbody> <tr> <td>#</td> <td>#</td> <td>R1</td> </tr> <tr> <td>#</td> <td>#</td> <td>R2</td> </tr> <tr> <td>#</td> <td>#</td> <td></td> </tr> <tr> <td>#</td> <td>#</td> <td></td> </tr> <tr> <td>#</td> <td>#</td> <td></td> </tr> </tbody> </table>	HOME TEAM	VISITING TEAM	REFEREES	#	#	R1	#	#	R2	#	#		#	#		#	#	
HOME TEAM	VISITING TEAM	REFEREES																	
#	#	R1																	
#	#	R2																	
#	#																		
#	#																		
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PENALTY ASSESSED	
VERBAL REPORT MADE TO	DATE (YY/MM/DD)
REPORT COMPLETED BY	DATE (YY/MM/DD)
SIGNATURE	