



Louisiana High School Athletic Association
 12720 Old Hammond Hwy.
 Baton Rouge, Louisiana 70816
 225.296.5882
 Fax: 225-296.5919

DISQUALIFICATION FORM

SUBJECT: Disqualified Player(s): _____

Disqualified Coach(es): _____

Note: This report must be submitted within 2 days of the disqualification.

_____ VS. _____
 (HOME TEAM) (VISITING TEAM)

SPORT: _____ **DATE OF CONTEST:** _____

Officials Working Game:		
Name	Certification	Position
1.		
2.		
3.		
4.		

Name of Disqualified Player or Coach	Jersey Number	Jersey Color	School, if other than yours

Name of Coach _____ **Team** _____

Reason for Disqualification – description of events pertinent to disqualification:

(If additional space is needed, use the back of this form)

Coach _____ **Principal** _____

School _____ **Official Assn.** _____