NSA WASHINGTON STATE

INCIDENT OR EJECTION REPORT

** Type or legibly print**
Note: Contact your Area UIC by telephone within 24 hours of the incident, and provide this form within three days.

Date: _____ Umpire: _____ Partner: _____
League: _____ Tournament: _____

Full **NAME** and team of person/s involved or ejected: _____

Reason for ejection: _____
Complete Description of the Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Umpire Signature: _____ Date Mailed or Delivered: _____

Area UIC: _____ Date : _____

Tournament Director: _____ Date : _____