



CIF Sac-Joaquin Section Multi Game Ejection Appeal

DATE OF GAME: _____	DATE APPEAL FILED: _____
SPORT: _____	
Home Team: _____	Visiting Team: _____
Name & Number of Player Ejected: _____	
Or	
Name of Coach Ejected: _____	
School Affiliation of Ejected Player or Coach: _____	

DESCRIPTION/BASIS OF APPEAL (Attach a separate page if you need more space)

☐ Check This Box if you are Providing Other Support Documentation.

Describe Other (Video Link, etc): _____

NOTE: TO BE CONSIDERED APPEALS MUST BE SIGNED BY THE PRINCIPAL.

Principal Print Name: _____ Principal Signature: _____

APPEALS MUST BE FILED WITHIN 2 WORKING DATES OF CONTEST With Copies to Opposing Principal and Section Staff as Denoted Below

School Name 'A' thru Kennedy High = Will DeBoard @ wdeboard@cifsjs.org

School Name Kimball High thru 'Z' = Mike Garrison @ mgarrison@cifsjs.org