

AUCKLAND BASEBALL ASSOCIATION



ABA EJECTION FORM			
Date of the Game		/	/
Visiting Team		Home Team	
Subject:			
Was a Warning Given? YES / NO Did an Ejection Occur? YES / NO			
Ejected Persons Position: ManagerCoach Runner			
(Circle one applicable) Fielder Pitcher Batter			
Bench Other			
Reporting Umpire's Name & Position in game:			
GAME SITUATION AT THE TIME OF THE INCIDENT:			
Inning	Outs	Score	In favour of
DESCRIBE THE INCIDENT THAT OCCURRED & YOUR SUBSEQUENT ACTIONS: <i>(Including pertinent details concerning language, gestures, thrown equipment or Physical contact)</i>			
DESCRIBE ANY AFTER-EFFECT THAT FOLLOWED:			

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PARTNERS COMMENT REGARDING THIS SITUATION			
Date/time this incident was first reported to the league office: / / :			
Report delivered by: (circle one)	Mail Hand	Fax	Email
Signed	Dated / /		
Signed	Dated / /		
ACTION TAKEN BY THE LEAGUE:			
Convening Panel Members:			
Signed	Dated / /		
Signed	Dated / /		