

NOVA SCOTIA LACROSSE OFFICIAL ASSOCIATION SPECIAL INCIDENT REPORT

PENALTY ASSESSED TO:					
(PLAYER)	OF	F	(TEAM)		
LEVEL		Date of Game (DAY/MONTH/YEAR)			
			•	•	
(VISITING TEAM	VS		(HOME TEAM)		
OFFICIAL		OFFICIAL			
TIME OF INCIDENT::					
SCORE AT TIME OF INCIDE					
Describe in detail the event					
Penalty assessed		,	,		
-ENALIT ASSESSED	(PENALY)	/	/ /	(TYPE)	
	,		,	,	
PENALTY ASSESSED	(PENALY)	/	/ /		
	(PENALY)		(RULE #)	(TYPE)	
PENALTY ASSESSED		/	/		
PENALTY ASSESSED	(PENALY)		/ /	(TYPE)	
	•				
SIGNED(OFFICIAL'S NAME)		DA	DATE		
(0	FFICIAL'S NAME)	DATE (Day/month/year)			
	.,,				
Save report with the date of	the incident as: Offici	ialsReport [O	tticialsName] [DD	-MM-YYYY]	
Send copies to:					
·		- m -: -: - 0	-9		
1. NSLOA office	nslacrosse	eotticials@am	all.com		

2. League Official-in-Chief See List on Page 2 of OIC per League

See List on Page 2 of Suspension Coordinator per League 3. League Suspension Coordinator

your@emailaddress.*** 4. Personal copy

EMAIL ADDRESSES FOR REFERENCE

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