



**NOVA SCOTIA LACROSSE OFFICIAL ASSOCIATION
SPECIAL INCIDENT REPORT**

PENALTY ASSESSED TO:

_____ OF _____
(PLAYER) (TEAM)

LEVEL _____ Date of Game _____
(DAY/MONTH/YEAR)

_____ VS _____
(VISITING TEAM) (HOME TEAM)

OFFICIAL _____ OFFICIAL _____

TIME OF INCIDENT _____ : _____ IN THE _____ PERIOD

SCORE AT TIME OF INCIDENT: VISITING TEAM _____ HOME TEAM _____

Describe in detail the events leading up to and including the incident.

PENALTY ASSESSED _____ / _____
(PENALTY) (TYPE)

PENALTY ASSESSED _____ / _____
(PENALTY) (TYPE)

PENALTY ASSESSED _____ / _____
(PENALTY) (TYPE)

SIGNED _____ DATE _____
(DAY/MONTH/YEAR)

Save report with the date of the incident as: OfficialsReport YourName DD-MM-YYYY

Send copies to:

1. NSLOA office nslacrosseofficials@gmail.com
2. League Official-in-Chief See List on Page 2 of OIC per League
3. League Suspension Coordinator See List on Page 2 of Suspension Coordinator per League
4. Personal copy your@emailaddress.***

EMAIL ADDRESSES FOR REFERENCE

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