



WVSSAC Ejection Review Form

The Review Process Begins by the Form being submitted within 24 hours of the Ejection Date.

Date: _____ School Name: _____

Principal's Name: _____ (Please print)

Ejection Date: _____ Sport: _____

Name of Individual Ejected: _____

If Individual is a Student Athlete, provide the Uniform Number of the Athlete: _____

I believe this request for review of an ejection merits consideration.

_____, Principal Signature

Rational For Review:

WVSSAC Ruling:

Rule Misapplied: Rule Number: _____ Section: _____ Article: _____

Video Evidence should be provided if available to support your review request.

WVSSAC Office Use Only: Ejection Confirmed: Ejection Reversed:

Date: _____