

MICHIGAN AMATEUR HOCKEY ASSOCIATION OFFICIAL GAME REPORT

GROSS MISCONDUCT OR MATCH PENALTY

NOT TO BE USED FOR GROSS MISCONDUCTS ASSESED UNDER RULE 601(g1) OR 601(j1)



1. PENALIZED PLAYER / COACH / MANAGER INFORMATION:

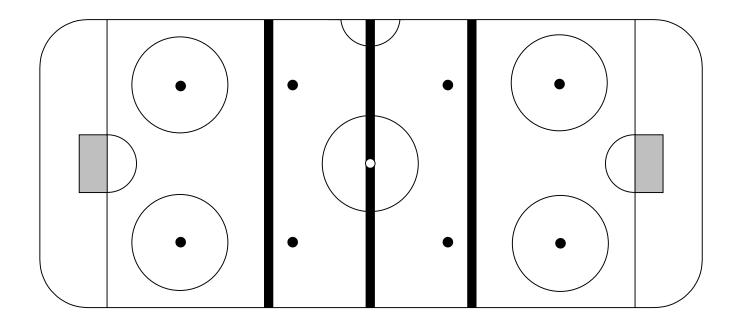
NAME:									
			OACH						
BOY'S / ME	N'S CLASSIFICA JUNIOF		GET 🔲 B	ANTAM	🗌 PI	EEWEE	SQUIRT		
GIRL'S / WOMEN'S CLASSIFICATIONS:			INDER] 12 & UNDER 🗌 10 & UNDER				
DIVISION:		A	🗌 BB		В	□c		::	
2. PENALT	Y INFORMATIO	N:							
MATCH PE	GROS	GROSS MISCONDUCT							
603(a) ATTEMPT TO INJURE OPPONENT					601(g2, j2) INJURY OR ATTEMPTING TO INJURE OPPONENT (EXCEPT PLAYER TO PLAYER)				
🗌 603(a)	DELIBERATE IN.	601(ENTAL BEHAVIOR				
☐ 603(c)	TAPED HAND CU ALTERCATION	603(b)	ATTEMPT TO INJURE NON-PLAYER					
🗌 623(a)	KICKING OPPONENT			🗌 603(I	b)	DELIBERATE INJURY OF NON-PLAYER			
633(c)	SWINGING STIC ALTERCATION	632(a	a, b)	SUSPENDED GAME - REFUSAL TO START PLAY					
PERIOD:		TIME	OF PENALTY	:					
DID ACTUAL INJURY OCCUR DUE TO THIS PENALTY?					☐ YES				
IF YES, NAM		PERSON:							
3. GAME IN	IFORMATION:								
DATE OF GAME:				TIME (_ TIME OF GAME:				
ARENA:									
HOME TEAI	M:								
VISITING TE	EAM:								
4. OFFICIA	LS INFORMATI	ON:							
REPORTING OFFICIAL:						,		LINESMAN	
OFFICIAL:									
OFFICIAL:									
			PAGE	OF					

5. REPORT DETAILS:

- DESCRIBE IN DETAIL ALL INFORMATION RELEVANT TO THE PENALTY
- USE EXTRA COPIES OF THIS PAGE IF NECCESARY

6. ICE SURFACE DIAGRAM:

- USE THE ICE SURFACE DIAGRAM IF IT WILL HELP YOUR REPORT IN ANY WAY
 - USE THE FOLLOWING SYMBOLS TO HELP OTHERS UNDERSTAND YOUR DIAGRAM
 - H = HOME TEAM PLAYERS, HC = HOME TEAM COACH, HM = HOME TEAM MANAGER
 - V = VISITING TEAM PLAYERS, VC = VISITING TEAM COACH, VM = VISITING TEAM MANAGER
 - INCLUDE PLAYER NUMBERS IF IT WILL HELP (EXAMPLE: H19)
 - X = PENALIZED PLAYER / COACH / MANAGER
 - R = REFEREE, L = LINESMAN, CIRCLE THE REPORTING OFFICIAL



7. GROSS MISCONDUCT OR MATCH PENALTY CHECKLIST:

CRETAIN ORIGINAL SCORESHEET AT THE END OF THE GAME

CONTACT DISTRICT SUPERVIS	SOR WITHIN 24 HOURS
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NAME OF SUPERVISOR:

DATE OF CALL: _____ TIME OF CALL: _____

SEND ORIGINAL SCORESHEET AND THIS REPORT TO DISTRICT SUPERVISOR WITHIN 48 HOURS

NAME OF SUPERVISOR:

DATE SENT:

□ RETAIN COPY OF SCORESHEET AND THIS REPORT FOR YOUR OWN RECORDS

8. SIGNATURE OF REPORTING OFFICIAL:

ALL INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

PAGE _____ OF _____