



**MICHIGAN AMATEUR HOCKEY ASSOCIATION
OFFICIAL GAME REPORT
GROSS MISCONDUCT OR MATCH PENALTY
NOT TO BE USED FOR GROSS MISCONDUCTS ASSESSED
UNDER RULE 601(g1) OR 601(j1)**



1. PENALIZED PLAYER / COACH / MANAGER INFORMATION:

NAME: _____

PLAYER NUMBER: _____ COACH MANAGER HOME VISITOR

BOYS' / MEN'S CLASSIFICATIONS:

SENIOR JUNIOR MIDGET BANTAM PEEWEE SQUIRT MITE

GIRL'S / WOMEN'S CLASSIFICATIONS:

SENIOR 19 & UNDER 15 & UNDER 12 & UNDER 10 & UNDER

DIVISION:

AAA AA A BB B C OTHER: _____

2. PENALTY INFORMATION:

MATCH PENALTY

- 603(a) ATTEMPT TO INJURE OPPONENT
- 603(a) DELIBERATE INJURY OF OPPONENT
- 603(c) TAPED HAND CUTTING OPPONENT IN ALTERCATION
- 623(a) KICKING OPPONENT
- 633(c) SWINGING STICK AT OPPONENT IN ALTERCATION

GROSS MISCONDUCT

- 601(g2, j2) INJURY OR ATTEMPTING TO INJURE OPPONENT (EXCEPT PLAYER TO PLAYER)
- 601(g3, j3) DETRIMENTAL BEHAVIOR
- 603(b) ATTEMPT TO INJURE NON-PLAYER
- 603(b) DELIBERATE INJURY OF NON-PLAYER
- 632(a, b) SUSPENDED GAME - REFUSAL TO START PLAY

PERIOD: _____ TIME OF PENALTY: _____

DID **ACTUAL INJURY** OCCUR DUE TO THIS PENALTY? YES NO

IF YES, NAME OF INJURED PERSON: _____

3. GAME INFORMATION:

DATE OF GAME: _____ TIME OF GAME: _____

ARENA: _____

HOME TEAM: _____

VISITING TEAM: _____

4. OFFICIALS INFORMATION:

REPORTING OFFICIAL: _____ REFEREE LINESMAN

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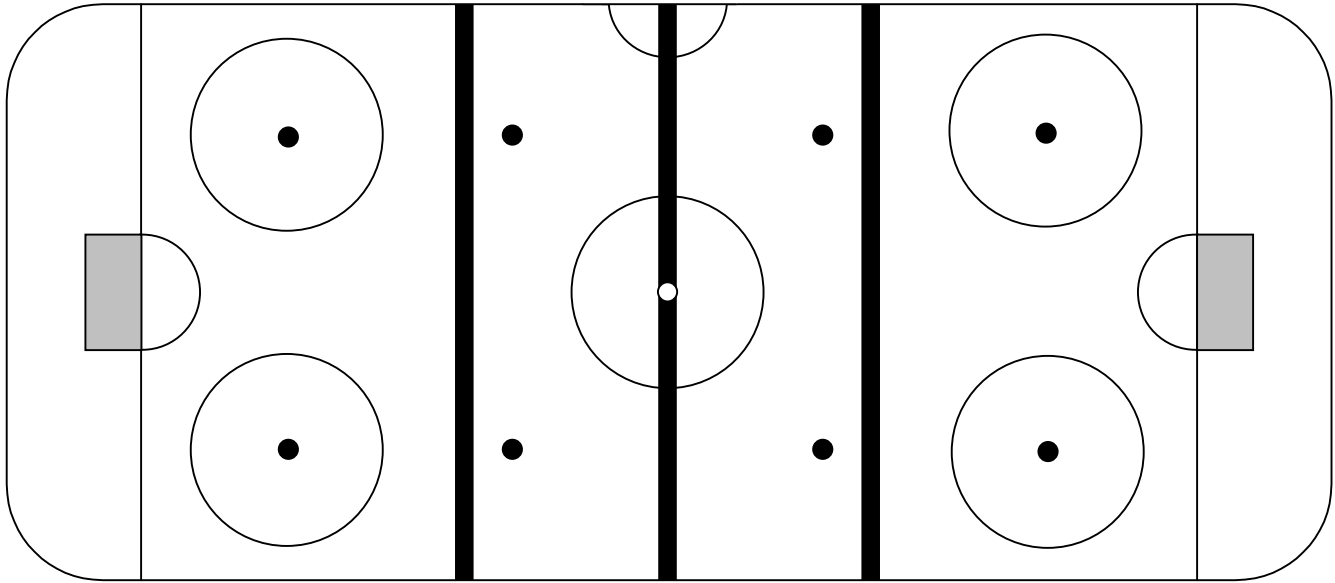
OFFICIAL: _____ REFEREE LINESMAN

5. REPORT DETAILS:

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

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:

RETAIN **ORIGINAL** SCORESHEET AT THE END OF THE GAME

CONTACT DISTRICT SUPERVISOR **WITHIN 24 HOURS**

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 DATE