



# \*SPORTSMANSHIP HANDSHAKE REPORT FORM

SPORT: \_\_\_\_\_  Boys  Girls  Varsity

1.  Regular Season  MIAA Tournament Section:  North  South  Central  West  State

2. Site: \_\_\_\_\_ Date: \_\_\_\_\_

School (Visitors)	Vs.	School (Home)
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Players	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Coaches	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Cheerleaders	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>
EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>	Sportsmanship of Fans	EX <input type="checkbox"/> GD <input type="checkbox"/> FR <input type="checkbox"/> PR <input type="checkbox"/>

## Post-Game Handshake

Rationale for suspending Handshake: \_\_\_\_\_

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Name: \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Report Form completion is necessary only in event handshake is suspended. To be completed either by Site Manager or Contest Official responsible for the decision to suspend the handshake ceremony. This form should be submitted by the Site Manager within 24 hours to:**

MIAA Sportsmanship Committee  
33 Forge Parkway  
Franklin, MA 02038  
Fax: 508-541-9888

Thank You