

Tennessee Middle School Athletic Association

CONFIRMATION ON SPORTSMANSHIP MEETING FOLLOWING COACH EJECTION

This confirms that the requested meeting was held with the coach:

_____ on _____
Name of Coach Date Sport

The date(s) and opponent(s) of the next game(s) is:

_____ _____
Date Opponent

_____ _____
Date Opponent

This meeting did take place prior to the coach returning to his coaching duties.
Below is the signature of those in attendance at this meeting.

_____ _____
Principal School

Coach

Superintendent

Please return this confirmation by FAX, to (615) 889-0544.

SP-05