



*SPORTSMANSHIP HANDSHAKE REPORT FORM

SPORT: _____ Boys Girls Varsity

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

2. Site: _____ Date: _____

School (Away)	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: _____

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: 508-541-9838