



NCHSAA VIOLATION REPORT FORM



School Name:
Principal:
Athletic Director:
Sport:
Player(s)'s Name(s) (if applicable):
Is This a Self-Report?
Date(s):
Opponents (if applicable):

1. You **MUST** include a list of all parties involved with this violation **AND** indicate their affiliation with the school (i.e., administrator, coach, non-coach staff member, non-faculty coach or volunteer, student-athlete, parent, booster club member, etc.).
2. Please provide a brief explanation of the violation and, where applicable, cite the applicable NCHSAA rule(s). Use separate sheets if necessary.



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PRINCIPAL'S SIGNATURE: _____DATE: _____

Once Completed Please Fax to: 919-240-7399