

Tennessee Secondary 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:

_____ Opponent
Date

_____ Opponent
Date

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.

_____ School
Principal

_____ Coach

_____ Superintendent

Please return this confirmation by EMAIL, to sportsmanship@tssaa.org.