**NJSIAA REPLAY INFORMATION FORM 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Conference: |  |
| Home Team: |  | Length of Review: |  |
| Visiting Team: |  | Number of Looks: |  |
| Officiating Crew: |  | What Angle was used to reverse or confirm the call? |  |
| Replay Referee: |  | Final Decision: ConfirmedStands Reversed |  |
| Replay Assistant: |  | There were no reviews during this contest: Check off here |  |
| Type of Play Reviewed: |  |
| Quarter and Time of Review |  |
| Brief Description of the Play: |
|  |  |
| Additional Information: |
|  |
| **Submitted By:** |  | **Date:** |  |
| **Submitted to:** |  |  |  |
| **Submitted to:** |  |  |  |

\*\*Submit this form for each replay review that occurred during the contest to your local assigner

\*\* Submit no later than Monday following the contest

\*\*If there were no replay reviews during the contest, check the box above and submit