**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: Confirmed  Stands 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