



Self-Report Form

Section One, Inc.

Center for Interscholastic Athletics
Southern Westchester BOCES
450 Mamaroneck Avenue
Harrison, NY 10528

School: _____

Athletic Director: _____

Date of Self Report: _____

Sport: _____

NYSPHSAA Rule Violation: _____

Describe the circumstances which led to the rule violation:

Describe the actions taken by the District:

Date Reviewed by Athletic Council: _____ *NYSPHSAA Prescribed Penalty:* _____

Athletic Council Sanction: _____

Section One President and/or Designee Signature: _____