INTERLEAGUE – GAME REPORT

THIS COMPLETED GAME REPORT **MUST** BE MAILED, FAXED OR EMAILED TO YOUR COMMISSIONER WITHIN 72 HOURS AFTER THE GAME; FAILURE SHALL RESULT IN A 1 POINT DEDUCTION.

COMMISSIONER INFORMATION:

Name:______________________________
Address:____________________________
____
Fax:_______________________________
Email:______________________________

REFEREE EVALUATION
(REFEREES - PRINT NAMES):

Circle Number: 1=Poor 5=Excellent

REFEREE: ________________

Appearance*:	1	2	3	4	5
Game Control:	1	2	3	4	5
Professionalism:	1	2	3	4	5
Positioning:	1	2	3	4	5
Impartiality:	1	2	3	4	5
Attitude:	1	2	3	4	5
Use of Linesmen:	1	2	3	4	5

Please note if linesman is missing

RED FLAG: ________________

Appearance*:	1	2	3	4	5
Professionalism:	1	2	3	4	5
Positioning:	1	2	3	4	5
Impartiality:	1	2	3	4	5
Attitude:	1	2	3	4	5
Cooperation/Ref:	1	2	3	4	5

YELLOW FLAG: ________________

Appearance*:	1	2	3	4	5
Professionalism:	1	2	3	4	5
Positioning:	1	2	3	4	5
Impartiality:	1	2	3	4	5
Attitude:	1	2	3	4	5
Cooperation/Ref:	1	2	3	4	5

Officials on time? _____ If not, please note who was late and time of arrival: ______________

* Appearance includes: Proper uniform, current patch, socks pulled up, shirt tucked in, general neatness of appearance. Please note infraction on back.

Age Group: Under ________ DIVISION _____

GAME INFORMATION (Please Print):

Game Date: ____________________ **Time:**________________
Field Name & Number:______________________________
Home: ______________________________ **Score:**________
Visitor: _____________________________ **Score:**________

REFEREE SIGNATURE (Score and Cards): ____________________________

Your Team Name:_____________________ Home Assoc:_________

Please PRINT or TYPE – List every player, mark through those not participating in this game

JERSEY NO.	NAME	PLAYING TIME*	CARDS ISSUED AND REASON
Coach		NA	
Asst. Coach		NA	
Manager		NA	

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MANDATORY SIT-OUT VERIFICATION

THIS MUST BE SHOWN TO REFEREE AND OPPOSING COACH PRIOR TO GAME

The following player(s)/team official did not participate in this game:

Player # _____, Name ________________________
Player # _____, Name ________________________
Player # _____, Name ________________________
Coach Name: ____________________________
Asst. Coach:_____________________________
Manager: _______________________________
Others:_________________________________
____

Referee Signature (for sit-out verification only)

OPPONENT CARDS ISSUED

(To be completed by Referee/Coach before submitting to Commissioner)

Jersey #	Name	Y or R?

Add Comments on the Back (if any).
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GAME REPORT SUBMITTED AND VERIFIED BY COACH/ASST. COACH/MANAGER:

Signature: ______________________________
Print Name: _____________________________
Position: _______________________________

*Each player must play at least 50% of game time; if not, explain on back.

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