LHSA – GAME REPORT

THIS COMPLETED GAME REPORT **MUST** BE MAILED, FAXED OR EMAILED TO YOUR COMMISSIONER WITHIN 48 HOURS AFTER THE GAME:

Age Group: Under _____ DIVISION _____

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

Please note if linesman is missing

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.

MAKE ADDITIONAL COMMENTS ON BACK.

GAME INFORMATION (Please Print):

Game Date: _____ **Time:**_____

Field Name & Number:_____

Home: _____ **Score:**_____

Visitor: _____ **Score:**_____

Sportsmanship Rating for Opponent:
Lowest 1 2 3 4 5 Highest

REFEREE SIGNATURE (Score and Cards): _____

Your Team Name:_____ Home Assoc: LHSA

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

JERSEY NO.	NAME (Coach should have Official Roster at all games.)	PLAYING TIME*	CARDS ISSUED (Note: Y or R and reason)
Coach		Vol. Card: Y N	
Asst. Coach		Vol. Card: Y N	
Manager		Vol. Card: Y N	

*Each player must play at least approximately 50% (consults Rules for exact time) of game time. For U-8s and below, fill in the number of quarters played; for U-9s and above, fill in the minutes played. If less than 50%, explain above or here:

_____

_____.

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

Name: _____

Position: _____

Signature of Team Official:

_____

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