PLEASE PRINT OR TYPE

# LAKE HIGHLANDS GIRLS CLASSIC LEAGUE-GAME REPORT

PLEASE PRINT OR TYPE

THIS COMPLETED GAME REPORT MUST BE MAILED OR FAXED TO YOUR AGE DIVISION COMMISSIONER WITHIN 24 HOURS AFTER THE GAME.

WINNING TEAM (HOME TEAM WHEN TIED) MUST CALL IN SCORE TO COMMISSIONER

## DIVISION ____ AGE GROUP: Under ____

**Game Information:** PLEASE PRINT

**Game Date:** _____ **Time:**_____

**Field Name & Number:**_____

**Home:** _____**Score:** _____

**Visitor:**_____**Score:** _____

**REFEREE INFORMATION: (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 Lines** | 1 | 2 | 3 | 4 | 5 |

**Linespersons (PRINT Names)**

**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 |

**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 |

**Officials on Time? _____ If not, who was late and time of arrival:** _____

***Appearance includes: Proper uniform, current patch, socks pulled up; shirt tucked in; general neatness of appearance.**

**WRITE ADDITIONAL COMMENTS ON BACK**

**YOUR TEAM:** _____

**Coach:** _____

**Phone:** _____

**Manager:** _____

**Phone:** _____

**List every player; mark through players not participating in this game.**

| Jersey # | Player Name |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Report completed by:** _____

**MANDATORY SIT-OUT VERIFICATION**

**The following player(s) did not participate:**

**Player #____, Name:** _____

**Player #____, Name:** _____

**The following was (were) not present:**

**Coach Name**_____

**Asst. Coach:**_____

**Others:**_____

_____

**Referee sign:** _____

**CARDS ISSUED:**

**List every card given in the game**

| YOUR TEAM | | OPPONENT | |
|---|---|---|---|
| Jersey # | Y or R? | Jersey # | Y or R? |
| | | | |
| | | | |
| | | | |
| | | | |

Add Comments on the Back (if any).

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**Mail or Fax this Report within 24 hours to:**

**Scores / Standings / League Information: www.girlsclassicleague.com**