

Capital District Pop Warner Commissioner's Game Report

Game Day/Date:					Game Time:			:			<input type="checkbox"/> AM	<input type="checkbox"/> PM
Division of Play:	Check one: <input type="checkbox"/> Flag <input type="checkbox"/> 8U <input type="checkbox"/> 9U <input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U <input type="checkbox"/> 13U											
	Home						Visiting					
Association:												
	Name				Phone		Name				Phone	
Commissioner:												
Head Coach:												
Statistician:												
Medical Person:					Title:							
Game Officials:	Head Referee ("White Hat"):											
	Line Judge:						Umpire:					
	Field Judge:						Timer:					
Pre-Game Information: <i>{Explain "No"s in comments}</i>	HOME		VISITING		# of Players Information:	Football		Cheer				
	Yes	No	Yes	No		Home	Away	Home	Away			
	Available 1 hr. prior to start											
	Flags Provided (Flag only)				N/A	N/A						
	Field ID Tags worn											
	Official Rosters available											
	Stat Form complete/available											
	Cheer/Dance books checked											
	Field Conditions satisfactory				N/A	N/A						
Injuries (<i>attach Injury Report(s) for all injured parties</i>)					On-Field Medical Attention Needed							
Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting		Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting				
Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting		Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting				
Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting		Name			<input type="checkbox"/> Home <input type="checkbox"/> Visiting				
Game Score (<i>enter scores per quarter, not running score</i>)												
	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Final Score	Other Game Information:						
Home Team						Point spread ever > 28 points?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Visiting Team						Did game go in to Overtime?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments: Visiting Commissioner					Comments: Home Commissioner							

Home Commissioner Signature

Visiting Commissioner Signature

PLEASE EMAIL COPY TO League Commissioner

And Visiting Commissioner or Head Coach

Right after game along with BOTH TEAMS MPR SHEETS