Capital District Pop Warner Commissioner's Game Report														
Game Day/Date:									Game Time:				□ AM	□ PM
Division of Play:	Check one: 🗆 Flag 🗆 8U 🗆			9U	🗆 10U		11U 🗆 12U 🗆 13U		U					
	Home										Visitir	g		
Association:														
	Name P					Phone	e Name					Phone		
Commissioner:														
Head Coach:														
Statistician:														
Medical Person:						Title:								
	Head Refe													
Game Officials:	Line Judge:							Un	Umpire:					
	Field Judge:							Tir	ner:					
Pre-Game Inform	mation:	HOME		VISITING			# of Play		5 Foo	Football		Cheer		
{Explain "No"s in co	omments}	Yes	No	Yes	No		Informati		Home	Away	Home	Away		
Available 1 hr. p							# On ro							
Flags Provided (Flag only)				N/A	N/A	# Eligible to								
Field ID Tags worn						# Inj		-						
Official Rosters available							# Discip	linec	1					
Stat Form complete/available														
Cheer/Dance books checked Field Conditions satisfactory				N/A	N/A									
Injuries (attach Injury Report(s) for all injury						rties)		(	On-Field	Medica	l Attent	ion Ne	eded	
Name Usitin							On-Field Medical Attention Needed   Name    □ Home □ Visiting							
Name			[	] Hom	Visiting	Name	Name 🗆					Home 🗆 Visiting		
Name			[	] Hom	Visiting	Name	ne 🗆 Hor					ome 🗆	Visiting	
Game Score (enter scores per qu								r quarter, not running score)						
1 <sup>st</sup> Qtr 2 <sup>nd</sup> Qtr			r 3 <sup>r</sup>	3 <sup>rd</sup> Qtr 4 <sup>th</sup> Qtr			inal Scor	core Other Game Informati					ion:	
Home Team									Point spread ever > 28 points? □ Yes □ No					
Visiting Team				Did game go in to Overtime? □ Yes □ No										
Comments: Visiting Commissioner								Commer	nts: Hor	ne Com	missio	ner		

Home Commissioner Signature	Visiting Commissioner Signature					
PLEASE EMAIL COPY TO	<u>League Commissioner</u>					
And Visiting Commissioner or Head Coach						
Right after game along with	<u> BOTH TEAMS MPR SHEETS</u>					