



CAPITAL DISTRICT GAME REPORT



CIRCLE ONE LEVEL OF PLAY 7U 8U 9U 10U 11U 12U 13U 16U

DATE _____ LOCATION _____

HOME

AWAY

TEAM NAME _____

HEAD COACH _____

COMMISSIONER _____

MEDICAL PERSONAL _____

HEAD REFEREE _____

GAME SCORE
SCORE IS BY QUARTER

1ST

2ND

3RD

4TH

OT

FINAL

HOME						
AWAY						

IF POINT SPREAD WAS MORE THEN 30

DID WINNING TEAM TAKE STARTERS OUT OR MOVE THEM TO OTHER POSITION ? YES NO
DID WINNING TEAM MAKE EFFORT TO RUN BETWEEN TACKLES ? YES NO

COMMENTS _____

WHERE ANY PLAYERS EJECTED ? YES NO PLAYER NUMBER _____
WHERE ANY COACHES OR SPECTATORS EJECTED? YES NO _____
WHERE ONLY AUTHORIZED PERSONAL ON SIDELINES? YES NO _____

SIGNATURE _____ CIRCLE ONE
HOME TEAM AWAY TEAM

PLEASE TEXT THIS TO THE APPROPRIATE COMMISSIONER AFTER GAMES
PLEASE UPLOAD SCORES TO CDPOPWARNER.COM AFTER GAME