COACH GAME REPORT

PLEASE MAKE COPIES BEFORE USING. TAKE THE TIME TO PROVIDE THOUGHTFUL AND CONSTRUCTIVE FEEDBACK. AFTER FILLING OUT FORM, FOLD, TAPE AND MAIL OR DELIVER THIS REPORT TO ADDRESS LISTED BELLOW:

CYSF Judicial – 7601 NE Hazel Dell Ave, Suite A, Vancouver, WA 98665

HOME TEAM _____ **VISITING TEAM**_____

GAME DATE _____ **FIELD PLAYED**_____

AGE GROUP: (CIRCLE ONE) **B G U-** _____

REFEREE _____

ASSISTANT_____

ASSISTANT_____

_____ _____

COACH **PHONE**

REFEREE EVALUATION:

1.	ON TIME FOR MATCH		YES	NO
2.	CHECK GEAR		YES	NO
3.	CHECK ROSTERS		YES	NO
4.	PROPER INTERPRETATION OF RULES		YES	NO
5.	CONSISTANT FROM START TO FINISH		YES	NO
6.	RED CARD EJECTIONS GIVEN (IF YES ... EXPLAIN BELOW)	YES	NO	
7.	YELLOW CARD CAUTIONS GIVEN (IF YES ... EXPLAIN BELOW)		YES	NO
8.	DANGEROUS PLAY CALLED		YES	NO
9.	SLIDE TACKLES PROPERLY EXECUTED		YES	NO
10.	INJURIES (IF YES... EXPLAIN BELOW)		YES	NO
11.	ASSISTANT REFEREES DO THEIR JOBS		YES	NO

COMMENTS/EXPLANATIONS:

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