GLASA GAME REPORT

Age Group: Under ___ **Boys** ___
Girls ___

Your Team: _____
Coach: _____
Asst. Coach: _____

Jersey #	Player Name

(Please place a line through any player that did not participate in the game)

Game Information:

Game Date:_____ Start Time: _____

Bob Wiseman _____ Gerault _____

Field Number _____

Home Team:_____ Score:_____

Visiting Team:_____ Score:_____

Circle Number 1 = Excellent 5 = Poor

REFEREE NAME: _____

*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 Assistant:	1	2	3	4	5

A/R #1 NAME _____

*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
Cooperation/Ref:	1	2	3	4	5

A/R #2 NAME _____

*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
Cooperation/Ref:	1	2	3	4	5

*Appearance includes: Proper uniform, patch, socks pulled up, shirt tucked in, neatness. **Please note infractions/additional comments on back**.

CARDS ISSUED

List every card given in the game

Your team		Opponent	
Jersey #	Y or R	Jersey #	Y or R

Please add comments on back

Mandatory Sit-Out Verification

The following player(s) did not participate:

Jersey # _____ Name: _____

Jersey # _____ Name: _____

Jersey # _____ Name: _____

The following was/were not present:

Coach Name: _____

Asst: Coach _____

Others: _____

_____

This completed game report must be received by your age group commissioner within 24 hours after the game or the game is declared a forfeit. Also, please call the scores into your commissioners league line.

Please place in drop box at the fields or mail to the following address:

GLASA
P.O. Box 292071
Lewisville, TX 75029

Referee Signature: _____