

BGYFL GAME REPORT

*Game reports are to be signed at the end of the game. If a coach would like to add information regarding any components of the game, please write on the back of this sheet.*

**Game Date:** \_\_\_\_\_ **Game Time Kickoff** \_\_\_\_\_

**Print Name of Board Member submitting this report** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Weight Class** \_\_\_\_\_

**Home Team** \_\_\_\_\_ **Away Team** \_\_\_\_\_

**Home Team Head Coach** \_\_\_\_\_ **Away Team Head Coach** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Home Team Score** \_\_\_\_\_ **Away Team Score** \_\_\_\_\_

**Game Officials:**

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Rating** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Rating** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Rating** \_\_\_\_\_

**PLEASE RATE EACH OFFICIAL ON A SCALE FROM 1-5 (5 Being the Best). If you have comments on the Officiating, please write on back.**

**Ejections:**

**Print Name** \_\_\_\_\_ **Town** \_\_\_\_\_ **Circle One:**  
**Jersey #** \_\_\_\_\_ **Player Coach Parent**

**Print Name** \_\_\_\_\_ **Town** \_\_\_\_\_ **Circle One:**  
**Jersey #** \_\_\_\_\_ **Player Coach Parent**

**Major Injuries:**

**Player Name** \_\_\_\_\_ **Town** \_\_\_\_\_ **Hospital?** \_\_\_\_\_

**Player Name** \_\_\_\_\_ **Town** \_\_\_\_\_ **Hospital?** \_\_\_\_\_

**GAME CARDS NEED TO BE EMAILED TO [BGYFLGC@BGYFL.ORG](mailto:BGYFLGC@BGYFL.ORG) OR FAXED TO 630-230-1077 BY MONDAY AT NOON.**