

GAME REPORT



GENERAL INFORMATION

NAME of person filing report: _____

PARISH of person filing report: _____

SPORT (Please circle one):	Basketball	Cheerleading	Cross Country	Football
	Soccer	Softball	Track	Volleyball

DIVISION (Pee Wee/Minor/Cadet/Junior/High School): _____

LEAGUE: _____ DATE of game: _____

TIME of game: _____ SITE of game: _____

TEAMS INVOLVED: _____

OPPONENT RATING

Team you are evaluating: _____

Coaches: Excellent Good Fair Poor

Players: Excellent Good Fair Poor

Spectators: Excellent Good Fair Poor

Comments: _____

OFFICIALS/CYO STAFF RATING

Overall operation of the game: Excellent Good Fair Poor

Referees/Officials/Umpire Overall: Excellent Good Fair Poor

Table workers (timers/scorers) Overall: Excellent Good Fair Poor

Field/Court Conditions Excellent Good Fair Poor

Comments: _____

OTHER COMMENTS: (Please use the back of the form for additional comments)

***Please mail, e-mail or fax to: CYO ATHLETICS, 1933 Spielbusch Avenue,
Toledo, OH 43604-5360
CYO@toledodiocese.org, fax to 244-3420***