KASSAA Soccer Game Report

Circle The Appropriate Game: **Boys Junior** **Girls Junior**

Boys Senior **Girls Senior**

Date: _____ Time: _____ Location: _____

_____ **VS** _____

Visiting Team: **Score:** **Home Team:** **Score:**

Coach(s): _____ Tel: _____

_____

No	Player Name	Y	R	Goal

Referee's Comments

Name: _____

Tel: _____

Conduct of Participants	0	5	10
Field Properly Marked	0	5	10
Penalty Area	0	5	10
Goal Area	0	5	10
Corner Flags	0	5	10

Other: _____

Coaches Comments

Referee			
Promptness	0	5	10
Appearance	0	5	10
Mobility	0	5	10
Consistency	0	5	10
Clarity of Calls	0	5	10

Other: _____

WINNING COACH/HOME COACH (IF TIE)

Phone: Convenor (Rob Druce) **613-389-7347**

CKWS **613-544-2340**

Whig's Tel # *(before 9:00 PM)* **613-530-4123**

Whig's Fax # **613-530-4127**

Send/Fax sheet to Convenor within 24 hours

Convenor (Rob Druce) Fax #: **613-389-2680**