RICHARDSON SOCCER ASSOCIATION
U4 – U8 Game Report

Coach or team representative: please enter all the information below and on the back of this form. When completed, return it as instructed by the Division Commissioner. Sportsmanship points may be forfeited for failure to complete all information or turn in on time.

(YOUR TEAM NAME) _____ (OPPONENT) _____

(COACH) _____ U- (DIVISION / CONF.) _____ (FIELD) _____ (GAME DATE) _____

LIST ALL PLAYERS and indicate with an "X" the quarters played.

	PLAYERS NAME	Jersey No.	ABSENT	QUARTERS PLAYED 1	2	3	4
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

List players who were present and played less than 50% of game, give reason below.

_____

_____

_____

SPORTSMANSHIP rating of opponents: Players: __ Coach: __ Spectators: __

Any rating below average must be explained. **1**-Poor, **2**-Below Avg, **3-Average**, **4**-Above Avg, **5**-Excellent

_____

_____

_____

RICHARDSON SOCCER ASSOCIATION
U6 – U8 Referee Report

(REFEREE'S NAME-PLEASE PRINT) _____

INTRODUCE SELF: YES ☐ NO ☐

START ON TIME: YES ☐ NO ☐

In your opinion, how was the game handled? Please mark an "X" in the appropriate box.

	GOOD	SATISFACTORY	POOR
APPEARANCE	☐	☐	☐
ATTITUDE	☐	☐	☐
CLARITY OF SIGNALS	☐	☐	☐
GAME CONTROL	☐	☐	☐
IMPARTIALITY	☐	☐	☐
KNOWLEDGE OF LAWS	☐	☐	☐
OVERALL	☐	☐	☐

List below your players or coaches who receive a yellow and/or red card.

NAME	Jersey No.	YELLOW	RED

COACH _____ TEAM NAME _____ FIELD _____ GAME DATE _____