

**RICHARDSON SOCCER ASSOCIATION  
UNDER 7 & 8 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

\_\_\_\_\_  
GAME FIELD

\_\_\_\_\_  
GAME DATE

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

		<u>QUARTERS PLAYED</u>					
<u>PLAYERS NAME</u>		<u>NO</u>	<u>ABSENT</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
1.	_____	_____	_____				
2.	_____	_____	_____				
3.	_____	_____	_____				
4.	_____	_____	_____				
5.	_____	_____	_____				
6.	_____	_____	_____				
7.	_____	_____	_____				
8.	_____	_____	_____				
9.	_____	_____	_____				
10.	_____	_____	_____				
11.	_____	_____	_____				
12.	_____	_____	_____				
13.	_____	_____	_____				
	_____	_____	_____				

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 A VERAGE MUST BE EXPLAINED 1-Poor 2-Below Avg 3-Average 4-Above Avg 5-Excellent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RICHARDSON SOCCER ASSOCIATION U 7 & 8 GAME REPORT**

( REFEREE'S NAME -PLEASE PRINT) \_\_\_\_\_

INTRODUCE SELF      START ON TIME

YES     NO       YES     NO

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

	<u>GOOD</u>	<u>SATISFACTORY</u>	<u>POOR</u>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLARITY OF SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAME CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPARTIALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF LAWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List below YOUR PLAYERS OR COACHES who receive a yellow and/or a red card

<u>NAME</u>	<u>NUMBER</u>	<u>YELLOW</u>	<u>RED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
COACHES NAME

\_\_\_\_\_  
TEAM NAME

\_\_\_\_\_  
FIELD #

\_\_\_\_\_  
GAME DATE