

CIYSL Rescheduled Game Reporting

Send Report to: ciysl@comcast.net

Or fax to: 217-391-4351

Contact Information:

Hosting Club/Team:	Contact:	Phone:
Age Division: Boys/Girls:	Game Location:	Game Date:

Game Scores:

#1	Team Name:	Score:	Team Name:	Score:
#2	Team Name:	Score:	Team Name:	Score:
#3	Team Name:	Score:	Team Name:	Score:
#4	Team Name:	Score:	Team Name:	Score:
#5	Team Name:	Score:	Team Name:	Score:
#6	Team Name:	Score:	Team Name:	Score:
#7	Team Name:	Score:	Team Name:	Score:
#8	Team Name:	Score:	Team Name:	Score:

Incident Reports:

Red Card Issued

Club/Team:	Player/Coach:	Game #:	Did Referee Return Card?
Club/Team:	Player/Coach:	Game #:	Did Referee Return Card?

Referee Issues

Name:	Game #:	Issue:
Name:	Game #:	Issue:

Player Injury

Name:	Team:	Injury:
Name:	Team:	Injury:

Comments:

Contact Information:

Hosting Club/Team – Name of team and associated club hosting games

Contact – Hosting team coordinator or person reporting game results

Phone – phone number of contact

Age Division Boys/Girls – Age division and gender on the League Schedule for these games

Game Location/Date – City and Date where games were played

Game Scores: (if you have more than 8 game results to submit, use another form)

Game # - Used to indicate game in Incident Reports area of this form

Team Name/Score – Name of teams who played and respective scores

Incident Reports:

Red Cards - Club/Team – Name of club & team, Player or Coach, Game # (see above), and Yes/No if player card was returned

Referee Issues – Name of Referee, Game # (see above), and issue involving referee

Player Injury – Name of player, name of team and description of injury

Comments – Any additional comments that need further attention